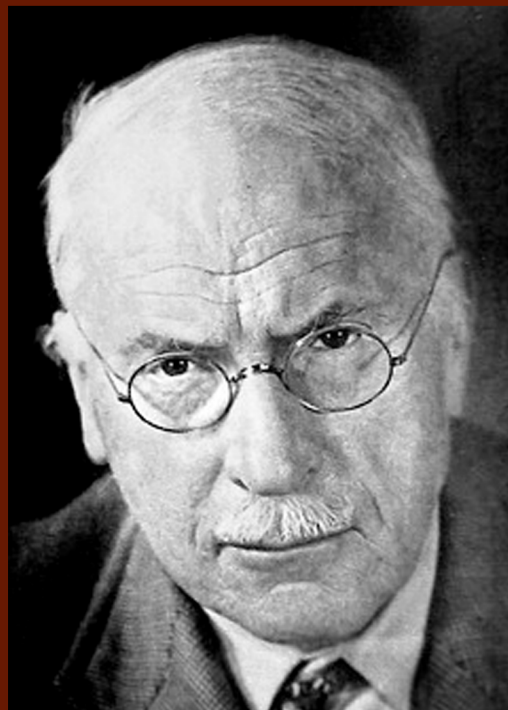




The International Journal of
INDIAN PSYCHOLOGY

Person of the Issue



Carl Gustav Jung (1875-1961)

Editor in Chief:
Prof. Suresh M. Makvana, PhD
Editor:
Ankit P. Patel

Scan this code in
your smart phone and
Submit Your Paper





The International Journal of
INDIAN PSYCHOLOGY

Volume 2

Issue 3, No. 4

April to June 2015

Editor in Chief

Prof. Suresh M. Makvana, PhD

Editor

Mr. Ankit P. Patel

THE INTERNATIONAL JOURNAL OF INDIAN PSYCHOLOGY

This Issue (Volume 2, Issue 3, No. 4) Published, April 2015

Headquarters;

REDSHINE Publication, 88, Patel Street, Navamuvada, Lunawada, Gujarat, India, 389230

Customer Care: +91 99 98 447091

Copyright © 2015, IJIP

No part of this publication may be reproduced, transcribed, stored in a retrieval system, or translated into any language or computer language, in any form or by any means, electronic, mechanical, magnetic, optical, chemical, manual, or otherwise, without the prior written permission of RED'SHINE Publication except under the terms of a RED'SHINE Publishing Press license agreement.

ISSN (Online) 2348-5396

ISSN (Print) 2349-3429

ZDB: 2775190-9

IDN: 1052425984

CODEN: IJIPD3

OCLC: 882110133

WorldCat Accession: (DE-600)ZDB2775190-9

ROAR ID: 9235

Impact Factor: 4.50 (ICI)

Price: 500 INR/- | \$ 8.00 USD

2015 Edition

Website: www.ijip.in

Email: info.ijip@gmail.com | journal@ijip.in

Please submit your work's abstract or introduction to (info.ijip@gmail.com | www.ijip.in)

Publishing fees, 500 INR OR \$ 8.33 USD only (online and print both)

Editorial Board

The Editorial Board is comprised of nationally recognized scholars and researchers in the fields of Psychology, Education, Social Sciences, Home Sciences and related areas. The Board provides guidance and direction to ensure the integrity of this academic peer-reviewed journal.

Editor-in-Chief :

[Prof. Suresh M. Makvana, PhD](#)

INDIA

*Professor. Dept. of Psychology, Saradar Patel University. Vallabh Vidhyanagar, Gujarat,
Chairman, Board of Study, Sardar Patel University, Gujarat State*

Editor :

[Mr. Ankit Patel,](#)

Clinical Psychology

INDIA

Author of 20 Psychological Books (National and International Best Seller)

Editorial Advisors :

[Dr. D. J. Bhatt](#)

INDIA

Head, Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,

[Dr. John Michel Raj. S](#)

INDIA

Dean, Professor, Dept. of Social Science, Bharathiar University, Coimbatore, Tamilnadu,

[Dr. Tarni Jee](#)

INDIA

President, Indian Psychological Association (IPA)

Professor , Dept. of Psychology, University of Patana, Patana, Bihar,

[Prof. C.R. Mukundan, Ph. D, D. M. & S. P](#)

INDIA

Professor Emeritus / Director,

Institute of Behavioural Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.

Author of 'Brain at Work'

[Prof. M. V. R Raju,](#)

INDIA

Head & Prof, Dept. of Psychology, Andhra University, Visakhapatnam

Co-Editor(s):

[Dr. Samir J. Patel](#)

INDIA

Head, Professor, Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,

[Dr. Ashvin B. Jansari](#)

INDIA

Head, Dept. of Psychology, Gujarat University, Ahmadabad, Gujarat,

[Dr. Savita Vaghela](#)

INDIA

Head, Dept. of Psychology, M. K. Bhavanagar University, Bhavnagar, Gujarat,

Prof. Akbar Husain (D. Litt.) Coordinator, UGC-SAP (DRS - I) Department of Psychology, Aligarh Muslim University, Aligarh	INDIA
Dr. Sangita Pathak Associate Professor , Dept. of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat	INDIA

Associate Editor(s):

Dr. Amrita Panda Rehabilitation Psychologist, Project Fellow, Centre for the Study of Developmental Disability, Department of Psychology, University of Calcutta, Kolkata	INDIA
Dr. Shashi Kala Singh, Associate Professor, Dept. of Psychology, Ranchi University, Jharkhand	INDIA
Dr. Pankaj Suvera Assistant Professor. Department of Psychology, Sardar Patel University, Vallabh Vidhyanagar, Gujarat,	INDIA
Dr. Subhas Sharma, Associate Professor, Dept. of Psychology, Bhavnagar University, Gujarat	INDIA
Dr. Raju. S Associate Professor , Dept. of Psychology, University of Kerala, Kerala,	INDIA
Dr. Yogesh Jogasan Associate Professor, Dept. of Psychology, Saurashtra University, Rajkot, Gujarat,	INDIA
Dr. Ravindra Kumar Assistant Professor, Dept. of Psychology, Mewar University, Chittorgarh, Rajasthan,	INDIA

Editorial Assistant(s):

Dr. Karsan Chothani Associate Professor , Dept. of Psychology, C. U. Shah College, Ahmadabad, Gujarat,	INDIA
Dr. R. B. Rabari Head, Associate Professor, SPT Arts and Science College, Godhra, Gujarat,	INDIA
Dr. Shailesh Raval Associate Professor, Smt. Sadguna C. U. Arts College for Girls. Lal Darwaja, Ahmedabad, Gujarat.	INDIA
Dr. Thiyam Kiran Singh Associate Professor (Clinical Psychology), Dept. of Psychiatry, D- Block, Level- 5, Govt. Medical College and Hospital, Sector- 32, Chandigarh	INDIA
Dr. Milan P. Patel Physical Instructor, College of Veterinary Science and A.H., Navsari Agricultural University, Navsari, Gujarat,	INDIA
Mr. Yoseph Shumi Robi Assistant Professor. Department of Educational Psychology, Kotebe University College, Addis Ababa, KUC,	ETHIOPIA

Dr. Priyanka Kacker	INDIA
<i>Assistant Professor, Neuropsychology and Forensic Psychology at the Institute of Behavioral Science, Gujarat Forensic Sciences University, Gandhinagar, Gujarat.</i>	
Dr. Ali Asgari	IRAN
<i>Assistant Professor. Department of Psychology, Kharazmi University, Somaye St., Tehran,</i>	
Dr. Ajay K. Chaudhary	INDIA
<i>Senior Lecturer, Department of Psychology, Government Meera Girls College, Udaipur (Raj.)</i>	

Peer-Reviewer(s):

Dr. MahipatShinh Chavada	INDIA
<i>Chairman, Board of Study, Gujarat University, Gujarat State Principal, L. D Arts College, Ahmadabad, Gujarat</i>	
Dr. Navin Patel	INDIA
<i>Convener, Gujarat Psychological Association (GPA) Head, Dept. of Psychology, GLS Arts College, Ahmadabad, Gujarat,</i>	
Dr. M. G. Mansuri	INDIA
<i>Head, Dept. of Psychology, Nalini Arts College, Vallabh Vidhyanagar, Gujarat,</i>	
Dr. Bharat S. Trivedi,	INDIA
<i>Head, Associate Professor , Dept. of Psychology, P. M. Pandya Arts, Science, Commerce College, Lunawada, Gujarat,</i>	

Reviewer(s):

Lexi Lynn Whitson	UNITED STATES
<i>Research Assi. West Texas A&M University, Canyon,</i>	
Dr. Rūta Gudmonaitė	UNITED KINGDOM
<i>Project Manager, Open University UK, Milton Keynes, England,</i>	
Dr. Mark Javeth,	UNITED STATES
<i>Research Assi. Tarleton State University, Stephenville, Texas,</i>	

Online Editor(s):

Dr. S. T. Janetius,	INDIA
<i>Director, Centre Counselling & GuidanceHOD, Department of Psychology, Sree Saraswathi Thyagaraja College, Pollachi</i>	
Dr. Vincent A. Parnabas,	MALAYSIA
<i>Senior Lecturer, Faculty of Sport Science and Recreation, University of Technology Mara, (Uitm), 40000 Shah Alam, Selangor.</i>	

Deepti Puranik (Shah), Assistant Director, Psychology Department, Helik Advisory LimitedAssociate Member of British and European Polygraph Association.	INDIA
Mr. Ansh Mehta, Clinical Psychology, Sardar Patel University, Vallabh Vidhyanagar, Anand, Gujarat,	INDIA
Dr. Santosh Kumar Behera, Assistant Professor, Department of Education,Sidho-Kanho-Birsha University, Purulia, West Bengal	INDIA
Heena Khan Assistant Professor, P.G. Department of Psychology, R.T.M. Nagpur University, Nagpur, Maharashtra	INDIA
Dr. Jay Singh Assistant Professor (Psychology, Govt. Danteshwari PG College, Dantewada, Chhattisgarh	INDIA
Dr. Soma Sahu Lecturer, Teaching Psychology, Research Methodology, Psychology Dept. Bangabasi College, Kolkata	INDIA



< Scan this code and know more about our team

Message from Editors

Welcome to Volume 2, Issue 3. Throughout this period, IJIP focused on improving our policies, format and facilities provided, keeping in mind our authors; because we love our authors and our authors love us!

Our main purpose is to put forward a variety of psychological ideas and researches to the world. We also aim to develop meaningful relationships with good publications around the world. We do this with the aim of providing advantage to us and to them. Some of the major publishers and institutes we have tried to connect to be Google, Academia, OAJI and Research Bible. We have also been given a chance to work with Publishing Police at a very low cost and high quality benefits.

IJIP has been rewarded with a No. 1 position with a score of 19.67 on the Directory of Science which lists the top 100 science journals throughout the world. Our impact factor is 4.50, evaluated by Index Copernicus International, from Warsaw, Poland.

In the following issue experts in varying fields of psychology have shared their ideas related to psychological problems and their solutions. We are grateful to these authors for allowing us to publish their researches and ideas in this issue. We would also like to thank other writers, and our beloved readers for providing a strong support and being a part of team.

Prof. Suresh Makvana, PhD*

(Editor in Chief)

Mr. Ankit Patel**

(Editor)

*Email: ksmnortol@gmail.com

**Email: info.ankitpatel@asia.com

Index of Volume 2, Issue 3, No.4

No.	Title	Author	Page No.
1	Person of the Issue: Carl Gustav Jung (1875-1961)	Ankit Patel	01
2	Emotional Abuse: Agony for Adolescents	Falak Nesheen Dr. Shah Alam	05
3	Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents	Parul Sharma	12
4	Effect of Diet on Depression in Adolescents	Suneeta Pant Dr. Madhulata Naya	18
5	Mobile Phone Addiction and Loneliness among Teenagers	Dr. Mrunal Bhardwaj Miss. Sode Jaimala Ashok	27
6	Effect of Gender and Faculty on Emotional Maturity of College Students	Gunde Rajendra. V. Parit A. S.	35
7	Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways	Vishnu Kumar	44
8	Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences	Dr. Nageswara Rao Ambati	58
9	Hypnotherapy and the Bhagavad Gita	Shaunak A. Ajinkya Deepali S. Ajinkya Gurvinder Kalra	75
10	Perceived Parental Practices and Quality of Life of Children with Learning Disabilities	R.Moulya Priti Sirkeck	83
11	Personality Profile of School Students	Veena Chakravarthi Dr. V. Chandramohan	92
12	Impact of Gender and Faculty on Study Habits and Attitudes of College Students	Dr. Indrajitsinh. D. Thakor	104
13	Theoretical Review of Boredom and Ways to Eliminate	Kanchi.Madhavi	106
14	A Study of Anxiety among Internet Addicts and Non Addicts	Pratika C. Sankhesara Dr. S. M. Makavana	111

15	Challenging Behaviours among Children with Autism	S.Saradha Priyadarshini Dr. S. Thangarajathi	118
16	Lonely Together: The Psychological Divide Due to Social Networking Sites	Aastha Dhingra	124
17	Secularism as Related to Gender and Religion	Dr. Shashi Kala Singh Mrs. Pushpa Singh	137
18	The Role of Spiritual Psychology for Holistic Living	Ankur Mahida	141
19	Impact of Vipassana Meditation on Life Satisfaction	Phra Taweepong Inwongsakul Sampathkumar	149
20	Psychological Interventions in Pain Management	Mustafa Nadeem Kirmani Firdos Jehan Rumana Sanam	159

Disclaimer

The views expressed by the authors in their articles, reviews etc in this issue are their own. The Editor, Publisher and owner are not responsible for them. All disputes concerning the journal shall be settled in the court at Lunawada, Gujarat.

The present issue of the journal is edited & published by RED'SHINE Publication (A unit of RED'MAGIC Networks. Inc) at 86/Shardhdha, 88/Navamuvada, Lunawada, Gujarat-India, 389230

Copyright Notes

© 2015; IJIP Authors; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

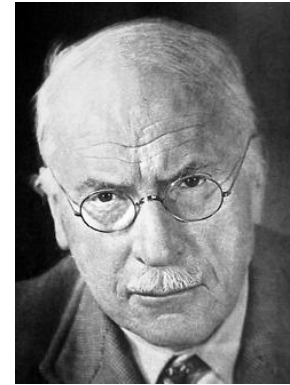


www.ijip.in

Person of the Issue: Carl Gustav Jung (1875-1961)

Ankit Patel¹

Born	26 July 1875 Kesswil, Thurgau, Switzerland
Died	6 June 1961 (aged 85) Küsnacht, Zürich, Switzerland
Alma mater	University of Basel
Field	Psychiatry, psychology, psychotherapy, analytical psychology
Spouse	Emma Jung



Carl Gustav Jung (1875-1961) had a significant contribution to the psychoanalytical movement and is generally considered as the prototype of the dissident through the impact of his scission and the amplification of the movement he created in his turn (analytical psychology).

Jung was the son of a Swiss reverend. He completed his medical studies, specialized in psychiatry and joined the staff of Burgholzli, the renowned psychiatric hospital in Zurich, run at that time by the famous Dr. Eugen Bleuler.

In 1902-1903 he attended a traineeship in Paris with Pierre Janet, and then returned to Zurich and he was called senior physician at Burgholzli.

It was in this context that Jung was introduced to Freud in 1907. Freud would be seduced by the prestige and personality of Jung and would soon see in him the spiritual son that could ensure the survival of psychoanalysis, so much so as Jung was not Jewish.

Intense, professional and friendship bonds form between the two, with an ambivalence dominated by the inclination of Jung to underestimate himself in comparison with Freud, the fervor of his devotion to the "father" of psychoanalysis and oneiric hostility (emphasized by Freud in the common interpretation of dreams).

Jung had a swift ascension in the hierarchy of psychoanalysis. He became the editor of *Jahrbuch*.

¹Clinical Psychology, Sardar Parel University, Gujarat

Person of the Issue: Carl Gustav Jung (1875-1961)

In 1908, he traveled to the United States and in 1910 he became the first president of the International Association of Psychoanalysis.

The reluctance of Jung towards the Freudian theory referred to the role of sexuality in the psychic development. In fact, Jung never completely embraced the sexual theory of Freud.

Since 1912 he became more and more distant in his writings, which would cause a scission materialized in 1914 by his resignation from all the positions he already held.

He married Emma Rauschenbach in 1903. They had five children. Even though he remained married to Emma till her death, he had several affairs with other women, the most notable of whom were Sabina Spielrein and Toni Wolff.

TIME LINE

Years	Happenings
1875	Jung is born in Kesswill, Switzerland, son of a Reformed Protestant pastor, Johann Paul Jung, and Emilie Preiswerk.
1895	Jung enters Basel University to study science and medicine.
1896	Jung's father dies.
1900	Jung graduates with a M.D. from the University of Basel and is appointed assistant at the Burgholzli Psychiatric Hospital, Zurich, under Professor Eugen Bleuler.
1900-1909	Jung works at the Burgholzli Mental Hospital in Zurich.
1902	Jung gets his Ph.D. at the University of Zurich with a doctoral dissertation <i>On the Psychology and Pathology of So-Called Occult Phenomena</i> .
1903	Jung marries Emma Rauschenberg. They get five children in the course of time.
1905-1913	Jung lectures in psychiatry at the University of Zurich.
1906	Jung initiates letter correspondence with Sigmund Freud and visits him next year in Vienna.
1907	Jung's first meeting with Freud. He writes the work <i>The Psychology of Dementia Praecox</i> .
1909	Jung resigns from Burgholzli. He visits USA with Freud.
1909	Jung also opens his private practice of psychoanalysis in Kuessnacht - he runs it enthusiastically till he dies.
1910	Jung is elected President of International Psychoanalytic Association. He writes <i>Symbols of Transformation</i> . Lectures at Fordham University.
1912	Jung declares he is scientifically independent of Freud and publishes <i>Neue Bahnen der Psychologie</i> .
1913	Jung resigns as President. His final break with Freud.
1916	Jung publishes <i>La structure de l'inconscient</i> .
1917	Jung publishes <i>Die Psychologie der unbewussten Prozesse</i> .
1919	Jung's first use of the term archetype (in <i>Instinct und Unbewusstes</i>).
1921	Jung publishes <i>Psychologische Typen (Psychological Types)</i> .
1923	Jung starts the building of his "tower" in Bollingen.
1923	Jung visits Pueblo Indians in North America.

Person of the Issue: Carl Gustav Jung (1875-1961)

1925	Jung's study trip to the Elgoni of Mount Elgon in East Africa.
1929	Jung's Commentary on the Taoist text <i>The Secret of the Golden Flower</i> .
1931	Jung publishes <i>Seelenprobleme der Gegenwart</i> .
1932-1940	Jung works as a professor of psychology at the Federal Polytechnical University in Zurich.
1934	Jung publishes <i>Wirklichkeit der Seele</i> . He also begins series of seminars on Nietzsche's <i>Zarathustra</i> . President (until 1939) of International Society for Medical Psychotherapy.
1935	Jung's Tavistock Lectures, London, on "Analytical Psychology".
1937	Jung's Terry Lectures, Yale University, on "Psychology and Religion".
1937	Jung's study trip to India.
1941	Jung publishes <i>Essays on a Science of Mythology</i> with Karl KerÄ©nyi.
1944-1945	Jung becomes professor of medical psychology at the University of Basel, and his <i>Psychology and Alchemy</i> is published.
1945	Jung publishes <i>Nach der Katastrophe</i> .
1948	Founding of C.G. Jung Institute, Zurich.
1950	Jung publishes <i>Aion - FÄ©nomenologie des Selbsts</i> .
1951	Jung's lecture "On Synchronicity".
1952	Jung publishes <i>Antwort fÄ¼r Job (Answers to Job)</i> .
1955?	His <i>Mysterium Coniunctionis</i> .
1957	Jung publishes <i>Gegenwart und Zukunft</i> .
1961	Jung dies at his home in Kusnacht, near Zurich, at the age of 85, after a short illness.

"Thank God I am Jung and not Jungian" (C.G. Jung)

CARL JUNG WORKS*

1. Memories, Dreams, Reflections
2. The Red Book: A Reader's Edition (Philemon)
3. The Portable Jung (Portable Library)
4. Modern Man in Search of a Soul
5. The Archetypes and The Collective Unconscious (Collected Works of C.G. Jung Vol.9 Part 1)
6. Synchronicity: An Acausal Connecting Principle. (From Vol. 8. of the Collected Works of C. G. Jung) (Jung Extracts)
7. Psychological Types (The Collected Works of C. G. Jung, Vol. 6) (Bollingen Series XX)
8. The Basic Writings of C. G. Jung (Modern Library)
9. Psychology and Alchemy (Collected Works of C.G. Jung Vol.12)
10. Mysterium Coniunctionis (Collected Works of C.G. Jung Vol.14)
11. Aion: Researches into the Phenomenology of the Self (Collected Works of C.G. Jung Vol.9 Part 2)
12. Four Archetypes: (From Vol. 9, Part 1 of the Collected Works of C. G. Jung) (Jung Extracts)
13. Answer to Job: (From Vol. 11 of the Collected Works of C. G. Jung) (Jung Extracts)

Person of the Issue: Carl Gustav Jung (1875-1961)

14. Symbols of Transformation (Collected Works of C.G. Jung Vol.5)
15. Psychology and Religion (The Terry Lectures Series)
16. Alchemical Studies (Collected Works of C.G. Jung Vol.13)
17. The Development of Personality (Collected Works of C.G. Jung Vol.17)
18. Jung contra Freud: The 1912 New York Lectures on the Theory of Psychoanalysis (Bollingen Series (General))
19. The Undiscovered Self: With Symbols and the Interpretation of Dreams (Jung Extracts)
20. The Psychology of the Transference
21. Dreams: (From Volumes 4, 8, 12, and 16 of the Collected Works of C. G. Jung) (Jung Extracts)
22. Analytical Psychology
23. Analytical Psychology: Its Theory & Practice (The Tavistock Lectures)
24. Essays on a Science of Mythology (With Carl Kerenyi)
25. Two Essays on Analytical Psychology (Collected Works of C.G. Jung Vol.7)
26. The Symbolic Life: Miscellaneous Writings (The Collected Works of C. G. Jung, Volume 18)

***All the works are available at**

<http://astore.amazon.com/freudandpsychoan?node=3&page=1>

REFERENCE

1. Carl Jung Resources, (2015) Carl Jung Biography, <http://www.carl-jung.net/biography.html>
2. Carl Jung Resources, (2015) <http://www.carl-jung.net/timeline.html>
3. Carl Jung, http://en.wikipedia.org/wiki/Carl_Jung
4. Polly Young-Eisendrath. The Cambridge Companion To Jung. Cambridge University, 2010. pp. 24–30.
5. Anthony Lightfoot. A Parallel of Words. AuthorHouse, 2010. p. 90
6. Jung's Individuation process Retrieved on 2009-2-20
7. Aniela Jaffe, foreword to Memories, Dreams, Reflections, p. x.
8. Dunne, Clare (2002). "Prelude". Carl Jung: Wounded Healer of the Soul: An Illustrated Biography. Continuum International Publishing Group. p. 3. ISBN 978-0-8264-6307-4.
9. Lachman, Gary (2010). Jung the Mystic. New York: Tarcher/Penguin. p. 258. ISBN 978-1-58542-792-5.
10. Hanegraaff 1993, p. 224.
11. Dunne, Claire (2002). Carl Jung: Wounded Healer of the Soul: An Illustrated Biography. Continuum. p. 5.
12. Memories, Dreams, Reflections, p. 8.
13. Corbett, Sara (16 September 2009). "The Holy Grail of the Unconscious". The New York Times. Retrieved 2009-09-20.
14. Stepp, G. "Carl Jung: Forever Jung". Vision Journal. Retrieved 19 December 2011.
15. Memories, Dreams, Reflections. pp. 33–34.

Emotional Abuse: Agony for Adolescents

Falak Nesheen¹, Dr. Shah Alam²

ABSTRACT:

Adolescence is a period of transition during which an individual experiences not only profound physical, physiological, cognitive and emotional changes but also experience many emotional abuse. The transition from childhood to adolescence may be challenging time for majority of young people. Emotional Abuse as recently stated in a maltreatment prevention guide proves to be detrimental for child's physical, social, mental and spiritual development. Emotional abuse has been variously characterized as "the use of verbal and non-verbal acts which symbolically hurt the other or the use of threats to hurt the other". The basic aim of this paper is to explore the kinds of emotional abuse and then suggest various strategies to overcome such aspects of life. The paper reports a series of factors responsible for the torment among the emotionally abused adolescents or the excruciation they go through. This paper also highlights the role played by parents, teachers and peers in emotional abuse such as shame and humiliation, rejection and ignoring, terrorizing, isolating and corrupting etc. Studies during the last decades have consistently documented impaired cognitive abilities and poor academic achievement along with aggression, irritability, hyper vigilance, suicidal tendencies, paranoia and substance uses behavior among emotionally abused adolescents. If Emotional abuse remains a routine task in the life of an adolescent, it may have long term consequences at every walk of his/her life.

Keywords: *Emotional abuse, Agony, and adolescents.*

Emotional abuse is the most challenging and prevalent form of abuse .As recently stated in a maltreatment prevention guide (WHO,2006) that acts of emotional abuse are considered to have high likelihood of adversely affecting child's mental health and also his spiritual, moral and social development. It has been proved by various studies that emotional abuse impaired cognitive abilities and poor academic achievement along with aggression, irritability, hypervigilance and suicidal tendencies and substance use behavior among emotionally abused adolescents.

The common problem among adolescents of modern era is to become frustrated and depressed easily. Either by getting poor grades, being scolded by parents or teachers, problems in their peer circles and also the environmental situations. As a result of which they find themselves at the edge of being susceptible to certain tendencies including the most gruesome and widely used suicidal tendency. They become too much depressed and frustrated that they put their lives in danger.

¹Research Scholar, Department of Psychology A.M.U Aligarh

²Associate professor, Department of Psychology A.M.U Aligarh

Emotional Abuse: Agony for Adolescents

When adolescents are abused, it can affect every aspect of their lives, especially self-esteem. How much harm is done often depends on the situation and sometimes on how severe the abuse is. Every family has arguments. Friends, couples, coaches, and teachers can get upset, frustrated, or have a bad day. We all go through difficult times when someone is stressed and angry. Punishments and discipline — like removing privileges, grounding, or being sent to your room — are common. Yelling and anger can happen in lots of parent-teen relationships and in friendships — although it can feel pretty bad to have an argument with a parent or friend. But if punishments, arguments, or yelling go too far or last too long it can lead to stress and other serious problems. Teens who are abused (or have been in the past) often have trouble sleeping, eating, and concentrating. They may not do well at school because they are angry or frightened, or feel like they just don't care anymore.

Many people who are abused distrust others. They may feel a lot of anger toward other people and themselves, and it can be hard to make friends. Abuse is a significant cause of depression in young people. Some teens can only feel better by doing things that could hurt them like cutting or abusing drugs or alcohol. They might even attempt suicide. It's common for those who have been abused to feel upset, angry, and confused about what happened to them. They may feel guilty and embarrassed and blame themselves. But abuse is never the fault of the person who is being abused, no matter how much the abuser tries to blame others.

Introduction

Emotional abuse of children and adolescents may be the most challenging and prevalent form of child abuse and neglect, but until recently, it has received relatively little attention. The American Academy of Pediatrics (AAP) reviewed the topic in a technical report in 2002. ¹ This clinical report updates the pediatrician on current knowledge and approaches to psychological maltreatment, with guidance on its identification and effective methods of prevention and treatments/intervention.

Definition

There is no universally agreed definition of psychological maltreatment or emotional maltreatment, terms that are often used interchangeably. Psychological maltreatment encompasses both the cognitive and affective components of maltreatment. One of the difficulties in clearly defining what such maltreatment comprises involves the absence of a strong societal consensus on the distinction between psychological maltreatment and suboptimal parenting. Exposure to psychological maltreatment is considered when acts of omission or commission inflict harm on the child's well-being, which may then be manifested as emotional distress or maladaptive behavior in the child. Psychological maltreatment is difficult to identify, in part because such maltreatment involves “a relationship between the parent and the child rather than an event or a series of repeated events occurring within the parent-child relationship.”

Emotional abuse refers to a repeated pattern of parental behavior that is likely to be interpreted by a child that he or she is unloved, unwanted, or serves only instrumental purposes and/or that se

Emotional Abuse: Agony for Adolescents

verely undermines the child's development and socialization. Recent conceptualization of psychological maltreatment focuses on the caregivers behaviors as opposed to the disturbed behaviors in the child. Such behaviors of the caregiver include acts of omission (ignoring the need for social interaction) or commission (spurning, terrorizing); may be verbal or nonverbal, active or passive, and with or without intent to harm; and negatively affect the child's cognitive, social, emotional, and/or physical development.

Patterns of emotional abuse

Emotional abuse falls into three patterns:

1. **Aggressive:** which includes name-calling, belittling, blaming, accusing, yelling ,screaming, making threats, degrading insults or destructive criticism.
2. **Denying:** this includes sulking, manipulation, neglecting, not listening, withholding affection and distorting the other's experience.
3. **Minimizing:** this can include belittling the effect of something, isolating, accusations of exaggerating or inventing and offering solutions or 'advice'.

Signs of emotional abuse;

- a. Depression or anxiety
- b. Increased isolation from friends and family
- c. Fearful or agitated behavior
- d. Lower self-esteem and self-confidence
- e. Addiction to alcohol or drugs
- f. Escapist behavior

Emotional abuse can damage a person's confidence so that they feel worthless and find it hard to make or keep other relationships. Secrecy and shame usually maintain the abuse.

Emotional abuse of a child is commonly defined as a pattern of behavior by parents or caregivers that can seriously interfere with a child's cognitive, emotional, psychological or social development. Emotional abuse of a child — also referred to as psychological maltreatment — can include:

- Ignoring. Either physically or psychologically, the parent or caregiver is not present to respond to the child. He or she may not look at the child and may not call the child by name.
- Rejecting. This is an active refusal to respond to a child's needs (e.g., refusing to touch a child, denying the needs of a child, ridiculing a child).
- Isolating. The parent or caregiver consistently prevents the child from having normal social interactions with peers, family members and adults. This also may include confining the child or limiting the child's freedom of movement.
- Exploiting or corrupting . In this kind of abuse, a child is taught, encouraged or forced to develop inappropriate or illegal behaviors. It may involve self-destructive or antisocial acts of the parent or caregiver, such as teaching a child how to steal or forcing a child into prostitution
- Verbally assaulting. This involves constantly belittling, shaming, ridiculing or verbally threatening the child.
- Terrorizing. Here, the parent or caregiver threatens or bullies the child and creates a climate of fear for the child. Terrorizing can include placing the child or the child's loved one (such

Emotional Abuse: Agony for Adolescents

as a sibling, pet or toy) in a dangerous or chaotic situation, or placing rigid or unrealistic expectations on the child with threats of harm if they are not met.

- Neglecting the child. This abuse may include educational neglect, where a parent or caregiver fails or refuses to provide the child with necessary educational services; mental health neglect, where the parent or caregiver denies or ignores a child's need for treatment for psychological problems; or medical neglect, where a parent or caregiver denies or ignores child's need for treatment for medical problems

CAUSES:

There is a dearth of knowledge surrounding the causes of emotional abuse. Much of the literature devoted to the investigation or delineation of aspects of emotional abuse discusses the etiology in terms of child maltreatment in general (e.g. Wolfe 1991); that is, the effect of parental and child characteristics and socio-cultural context on the propensity for abuse. However, adults or parents who emotionally abuse are frequently described as poorly equipped with the knowledge to cope effectively with children's normal demands at different developmental stages (Oates 1996). A study comparing emotionally abusive parents with a closely matched control group of 'problem' parents in a day nursery (Brazelton 1982, as cited in Oates 1996), indicated that emotionally abusive parents showed poorer coping skills, poorer child management strategies, and more difficulty in forming and maintaining relationships. These parents also reported more deviant behavior in their children displayed than parents in the control group. Previous Clearing House publications have described a number of parental and child characteristics that may enhance the potential for emotional abuse.

For example, two of the most prevalent mental disorders identified as affecting parents who maltreat their children, namely depression and substance abuse (Chaffin, Kelleher & Hollenberg 1996), are likely to increase the potential for emotionally abusive responses (see Child Maltreatment and Mental Disorder (Tomison 1996b) and Child Maltreatment and Substance Abuse (Tomison 1996c) for a more detailed discussion). Similarly, neuropsychological deficits or intellectual disability may increase the likelihood for inappropriate parenting and/or emotional abuse as a function of the added stress such conditions may produce (Tomison 1996a). With regard to child characteristics, a child with a physical or intellectual disability may be more vulnerable to emotional abuse because of the greater potential for disruptions in mother-child bonding and/or greater parental stress (see Child Maltreatment and Disability (Tomison 1996a)).

Causes of emotional abuse Powerlessness, hurt, fear and anger are often unresolved issues for both the abuser and the abused. Childhood patterns can be re-enacted in emotional abuse with one participant taking the 'parent' role and the other adopting that of the 'child'. A person may also be an abuser in one relationship and abused in another as they reverse unresolved emotions. Abusers find it difficult to handle their feelings and blame their problems on others instead.

CONSEQUENCES OF EMOTIONAL ABUSE:

Experiencing child abuse has been linked to a variety of negative consequences, including post-traumatic stress, depression, suicide, substance abuse, and obesity (Honor, 2010).

The long-term impact of emotional maltreatment has not been studied widely, but recent studies

Emotional Abuse: Agony for Adolescents

have begun to document its long-term consequences. Emotional maltreatment has been linked with increased depression, anxiety, somatic complaints, and difficulties in interpersonal relationships (Spertus, Wong, Halligan, & Seremetis, 2003)

Anger and aggression are potentially destructive forms of psychological problems in adulthood. Allen (2010) examined the impact of long-term child emotional abuse on aggression using the same sample previously described. Allen specifically tested the self-capacities of interpersonal relatedness, identity, and affect regulation as mediators for the impact of emotional abuse on aggression in adulthood. Results suggested that emotional abuse is significantly predictive of participants' self-reported increased levels of various forms of aggression.

Detrimental alterations of self-capacities were found to predict aggression. It is possible that experiencing emotional maltreatment teaches the child ineffective ways of relating to others; the child then develops poor relationship skills that increase the likelihood of interpersonal problems as an adult. Problematic relationships result in an increased likelihood of verbal and/or physical aggression. Also, experiencing emotional abuse may result in an inability to develop adequate emotional regulation skills, which increases the risk of persons being unable to rid themselves of negative feelings of anger, predisposing them to overt forms of aggression.

Emotional abuse also was significantly correlated with all of the self-capacities (identity, interpersonal relatedness, and affect regulation) and was found to be significant independent predictor of interpersonal problems and affect regulation. Detrimental alterations of self-capacities were found to predict aggression.

The effects of emotional maltreatment can be disabling and enduring and should be carefully assessed. Shaffer, Yates, and Egeland (2009) examined if and how different forms of emotional maltreatment contributed to adolescent adjustment via aggression and social withdrawal in middle childhood.

PREVALENCE:

In intimate relationships;

Domestic abuse—defined as chronic mistreatment in marriage, families, dating and other intimate relationships—can include emotionally abusive behavior.

In the family;

Emotional abuse of a child is commonly defined as a pattern of behavior by parents or caregivers that can seriously interfere with a child's cognitive, emotional, psychological or social development. Some parents may emotionally and psychologically harm their children because of stress, poor parenting skills, social isolation, and lack of available resources or inappropriate expectations of their children. They may emotionally abuse their children because the parents or caregivers were emotionally abused during their childhood.

In Schools

A particular form of systems abuse that is not frequently mentioned in the literature, is emotional abuse within educational settings. A number of studies have indicated that a proportion of teachers commonly use emotional abuse in conjunction with other punitive disciplining practices as a means of exerting control (Hart, Germain & Brassard 1987 ;)

Emotional Abuse: Agony for Adolescents

Media Reporting

Finally, although not strictly a form of systems abuse, the extent of media reporting on child abuse and children may, in itself, constitute emotionally or psychologically abusive activity at the societal level (Franklin & Horwath 1996).

Systems Abuse

Systems abuse may be defined as the 'harm done to children in the context of policies or programs designed to provide care or protection. Children's welfare, development or security is undermined by the actions of individuals or by the lack of suitable policies, practices and procedures within systems or institutions' (Cashmore, Dolby & Brennan 1994, p.10). This broad definition encompasses acts of commission and omission (neglect), and allows for the promotion of aspects of child development that are likely to produce optimal outcomes for children, rather than merely focusing on harm minimization (Cashmore, Dolby & Brennan 1994). Typically, systems abuse can be characterized as involving one or more of the following: the failure to consider children's needs; the unavailability of appropriate services for children; a failure to effectively organize and coordinate existing services; and institutional abuse (i.e. child maltreatment perpetrated within agencies or institutions with the responsibility for the care of children (Cashmore, Dolby & Brennan 1994).

Prevention:

Although there is evidence that emotional abuse has longstanding and serious impacts on children's development and social functioning, public intervention in these cases is limited (Daro 1988). Despite a number of practice models proposed for working with sexually and physically abused children and their families (Giarretto 1978; Dale et al. 1986), little attention has been paid to how best to help adolescents recover from the traumatic effects of emotional abuse. Few preventive measures include;

Family Support:

Many of the strategies suggested to prevent emotional abuse are adaptations of more generalist family support programs. Fortin and Chamberland (1995) suggest a combination of alleviating socio-environmental stress, a reduction in familial dysfunction, the promotion of parenting skills and a positive self-concept, and social support.

Community Education:

Despite the growing acknowledgment of child maltreatment as a societal problem, it is often difficult to convince those in the broader community that they, themselves, may be part of the problem. It is easier to think of maltreaters in stereotypical ways, pathologising them as mentally ill, abnormal or evil, enabling non-offenders to distance themselves from the problem rather than to address the true causes of maltreatment, such as poverty, or a lack of social support (Wilczynski & Sinclair 1996).

Child and Family Center's - The 'One Stop Shop':

The values underlying Powell's Child and Neighborhood Program approach (1987, as cited in Vinson, Baldry and Hargreaves 1996) are incorporated into a relatively new development that has been

Emotional Abuse: Agony for Adolescents

egun operating in Australia. Child and Family Centres, frequently referred to as 'one stop shops', are multiservice community centers which aim to provide a local, non-stigmatising family support service that encourages families to proactively seek assistance.

Support Networks for Parents and Caregivers:

Conversely, one factor which increases the propensity for emotional maltreatment is social isolation (Garbarino & Garbarino 1994). Parents need access to multiple perspectives on their child, themselves and on parent-child relationships. Each perspective provides 'separate, distinct, and special information to the parent [and to the child]' (Garbarino & Garbarino 1994, p.21), without which any parental disturbance or child behavioural problem may escalate into a pattern of emotional abuse. Although not focused specifically on emotional abuse, Vinson, Baldry and Hargreaves (1996) conducted a study with important findings for the prevention of all maltreatment, assessing two adjoining neighbourhoods in Western Sydney which were both economically depressed but had contrasting rates of child maltreatment. Their intention was to determine why the difference in the rate of child maltreatment existed and whether this could be attributed to differences in the characteristics of the neighbourhoods as social entities.

CONCLUSION

We may conclude that if the adolescents were nurtured and supported, they will overcome the negative effects or signs of emotional abuse. Different measures can be taken in order to handle the abusive situations. The focus should be on dysfunctional and broken families, so that parents should be guided properly and were assisted to maintain good relation with their children's and also keep good line of communication with them. These things may reduce the occurrence of abusive environment. Working with the counselor is one way to sort through the complicated feelings and reactions that being abused creates, and the process can help to rebuild feelings of safety, confidence and self esteem. Finally it is a valuable skill for adolescent to adapt well in the face of hard times.

REFERENCES

- Iwaniec D, (1997). *An overview of emotional maltreatment and failure to thrive*. Child abuse Review. 370-388.
- Loh CC, Vostains P, (2004). *Perceived mother-infant relationship difficulties in postnatal depression*. Infant Child Dev.
- Doyle C, (2002). *Emotional abuse of children: issues for intervention*.
- Gilbert R., Wisdom CS., Browne K., Fergusson D., Webb E., Janson S, (2009). *Burden and consequences of child maltreatment in high income countries*.
- Glaser D, (2002). *Emotional abuse and neglect (Psychological maltreatment): A conceptual framework work*.
- Thompson AE, Kaplin CA, (1996). *Childhood emotional abuse*. British journal of psychiatry
- Smith, Melinda, Segal, Jeanne, (2013). *"Domestic violence and abuse: signs of abuse and abusive relationships"*.

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

Parul Sharma¹

ABSTRACT:

The positive affect means the different level of moods of an individual on subjective basis such as joy, interest and being alert. It refers to the condition where the individual have positive emotions and feelings involving physiological arousal, thinking process and behaviour. Positive affect also involving the interaction of an individual with the environment and its surroundings. The people shows the characteristics of being full of energy, active, are generally high on positive affect and characteristics like sad, lethargic, stress are examples of the negative affect. Empathy refers to the different kind of experiences. The researchers have defined empathy as ability of a person to feel other's emotions including the feeling and thinking. Therefore it includes an experience that involves understanding others conditions or emotions from their perspective. Empathy increases the prosocial behaviour. The prosocial behaviour means actions which are positive in nature but does benefit others and it includes the moral values, sense of responsibility and does not have any personal gains from such behaviour. It is a kind of voluntary actions that benefits not only the individual itself but also the society as a whole. The aim of the current investigation was to study the impact of positive and negative affect on empathy and prosocial behaviour. For this study, Positive and negative affect scale (PANAS; Watson et al., 1988), Empathy scale (Levine et al., 2009), and Prosocial Tendencies Measure scale (Randall et al., 2003) were administered to the sample of 100 students in the age range of 18-21 years. The sample was taken from different colleges of Chandigarh. An inter-correlation matrix was calculated to see the relationship. The results have shown significant and positive relationship between positive affect, empathy and prosocial behavior. The correlation between positive and empathy is ($r = 0.33$) and positive affect and prosocial behavior is ($r = 0.30$). The significant and negative relationship is found between negative affect, empathy and prosocial behavior. The correlation between negative affect and empathy is ($r = -0.29$) and negative affect and prosocial behavior is ($r = -0.27$). The result is found to be significant at 0.01 levels.

Keywords: Positive and Negative Affect, Empathy, Prosocial Behaviour

Martin (2010) explains the term affect as the experience of feeling or emotions. Therefore the term affect refers to the emotions associated to anything. The emotions or affect can be further divided into the positive affect and negative affect. The term affect refers to the process where there is an interaction of the person with the stimulus.

¹Research Scholar, Lovely Professional University, Jalandhar

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

APA (2006) refers to the term “affect” as a behavior which makes use of different senses such as by facial, vocal and behavior of gestures. Watson and Naragon (2009) elaborate the term positive affect as the positive emotions in humans and their interaction with the environment and surroundings. People who are high on the positive affect are who are alert, have high degree of confidence and are energetic in nature as compared to the people who are low on positive affect generally characterize as distress, sad, lethargic. Clark and Watson (1984) talks on the research on positive affect that it consist of variables which includes the pleasant occasions and events and also the social phenomenon. They further did a research on positive emotions and concluded that individuals high on positive affect are high on energy level, optimistic, and are more likely to be satisfied with their life. Durham et al., (1998) elaborated further on positive emotions and concluded that positive affect is positively and strongly related to the life satisfaction. Cooper & Deneve (1998) did a research and concluded that these positive and negative affect and life satisfaction are the indicators of the subjective well being. The research concluded that if there is positive mood it will influence the life satisfaction and in turn leads to positive subjective well being but if there is a negative mood it will lead to negative influence on life satisfaction and the subjective well being will be low.

The term negative affect can be described as a personality attribute that consists of negative emotions and poor self concept. Negative affect or emotions include the guilt,, shame, nervousness, anger. Negative affect can be further divided into high and low affect. People who are low on negative affect falls under the category of being calm where people high on negative affect view their world around as in negative sense and negative terms. Negative affect is strongly and negatively correlated with life satisfaction. Individuals who are high on negative affect would have unpleasant views about the world, future and other people around them. The individuals high on negative affect correspond to the people who are high on neuroticism if assessed on the personality factors. The research have also opined that people with negative affect generally have poor coping skills and are generally high on self-reported stress (Wills, 1986).

The recent research by DeGraff (2013) had explained the term empathy as understanding the individual’s condition from their perspective therefore, to see yourself in their shoes and to feel as how they would feel in that particular situation. The empathy increases and influences prosocial behaviours. Empathy therefore means the capacity to understand the emotions of others. It not only encompasses the understanding part but also recognizing the emotions of others. Therefore empathy includes the feeling and sharing of other persons emotions. Snyder et al., (2001) did a research and concluded that empathy by some researchers means the ability to see and recognize others emotions while some researchers include empathy as a sense of tender-hearted to the other person.

Prosocial behavior means a behavior that is aimed to benefit others though it is a voluntary kind of behavior. Stephan & Brief (1986) explained further prosocial behavior that intends to benefit many people and society by means of sharing, co-operation and by the act of being voluntarily involved in a task. It does build positive traits. It prosocial behavior involves inner motivation and altruism. It also involves the unselfish interest in helping out others in various tasks. Cherry (2014) defines prosocial behavior in an article as a series of characteristics that involves the feelings and the thought to give a helping hand for the welfare of others. Nantel-Vivier et al.,

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

(2009) did a research among Canadian and Italian adolescents who aged 10-15 years. The findings indicated that these adolescents were high on empathy and moral reasoning. It was also seen from the study that during the age of adolescence, the youth focus on these behaviors towards their peer groups and society.

In regards to the previous analysis, the adolescent girls have a higher degree of prosocial behavior as compared to the male counterparts. This could be due to the early maturation among females. The recent study have concluded that pubertal timings have found that early maturation among adolescents have found to have a positive effect on prosocial behavior. Gustavo et al., (2012) found a positive correlation of early onset of puberty and prosocial behavior.

OBJECTIVE

On the basis of aforementioned literature, following objectives have been proposed for the present investigation:

1. To study the relationship between positive affect, negative affect and empathy among college going students.
2. To investigate the correlation between positive affect, negative affect and prosocial behavior among college going students.
3. To study interrelationship between variables under study.

HYPOTHESES

The purpose of the study was to investigate the role of positive affect and negative affect on empathy and prosocial behavior. Based on the research, following hypotheses were proposed:

1. It is hypothesized that positive affect was expected to be positively related with empathy.
2. It was expected that positive affect was positively related with prosocial behavior.
3. It is hypothesized that negative affect was expected to be negatively related with empathy.
4. It was expected that negative affect was negatively related with prosocial behavior.

METHOD

The sample consisted of 100 students. The data was collected from the different colleges of Chandigarh. The age range was 18-21 years of B.A., B.SC. & B.Com. The students in the sample were selected on random basis.

TESTS AND TOOLS

1. Positive and Negative Affect Schedule (Watson, D., Clark, L.A. & Tellegan, A., 1988). This scale consist of 20 items. The 10 items consist of positive affect and

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

10 items are of negative affect. Each item can be rated from 1-5 where, “1” denotes “very slightly or not at all”, “2” denotes “a little”, “3” denotes “moderately”, “4” denotes “quite a bit” and “5” denotes “extremely at all”.

2. Empathy Scale (Levine, B., Spreng, R.N., McKinnon, M.C., Mar, R.A.). The scale consist 16 items. The 8 items were positively scored and 8 items were negatively scored. The positively scored items were rated from 0-4 where, “0” denotes “never”, “1” denotes “rarely”, “2” denotes “sometimes”, “3” denotes “often” and “4” denote “always”.
3. Prosocial Behavior Scale (Randall, B.A. & Carlo, G.). The scale consists of 23 items. The items are scored on the scale of 1-5, where, “1” denotes “does not describe at all”, “2” denotes “describe me a little” “3” denotes “somewhat describes me”, “4” denotes “describes me well”, “5” denotes “describes me greatly”.

RESULTS AND DISCUSSION

S.NO.	Positive and negative affect	Positive affect	Negative affect	Empathy	Prosocial Behavior
Positive and negative affect		0.77**	0.90**	-0.33**	0.26**
Positive affect			0.43**	0.33**	0.30**
Negative affect				-0.29**	-0.27**
Empathy					0.19*
Prosocial Behavior					

*value of correlation sign at 0.05 level

**value of correlation sign at 0.01 level

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

The first hypothesis that positive affect was expected to be positively related with empathy is proved as the relationship is significantly positive ($r = 0.33$). The second hypothesis that positive affect was positively related with prosocial behavior is also proved as the relationship is significantly positive ($r = 0.30$). The third hypothesis that negative affect was expected to be negatively related with empathy is proved as the relationship is significantly negative ($r = 0.29$). The fourth hypothesis that negative affect was expected to be negatively related with prosocial behavior is proved as the relationship is significantly negative ($r = 0.27$). Hence all the hypotheses were proved.

The present study aimed to find out the relationship between positive affect, negative affect, empathy and prosocial behavior. Positive affect was found to be significantly and positively correlated to the empathy ($r = 0.33$). The value was significant at 0.01 level. Therefore on the basis of the results that we get from the present investigation, we can say that people who have positive moods have more probability to show the empathy towards others. Likowski et al. (2011) did a research and found out that the participants who had an induction session and had happy moods showed higher empathy than those having sad mood while having induction sessions. Fredrickson (1998) concluded that people who develop positive emotions have higher ratio of developing social relationships and therefore it builds up better and higher quality of interactions in their social world.

Positive affect and prosocial behavior was also found to be positively and significantly correlated ($r = 0.30$). The value was significant at 0.01 level. In an education portal by Boyd (2014), explains through the research that when the person is in positive, good and happy state of mind, affect and mood, there is a probability that the person would definitely help others. A panel study was done by Thoits and Hewitt (2001) concluded that increase in happiness lead to the increase in prosocial behavior. Many laboratory experiments have also confirmed that prosocial behavior comes from the happy behavior and positive mood.

The relationship between negative affect and empathy was found to be significantly negative ($r = 0.29$). The value is significant at 0.01 level. Sadhwani (1990) found out that negative affect has been associated with negative behaviors among adolescents. The study by Roos, Hodges & Salmivalli (2013) concluded that the negative affect and negative moods such as fear do not lead to the same prosocial behaviors.

CONCLUSION

The purpose of the study was to find the impact of positive affect and negative affect on empathy and prosocial behaviour. Based on the findings, it was seen that the hypotheses were proved. The positive affect has positive and significant relationship with empathy and prosocial behaviour. The study also proved that negative affect has significant and negative correlation with empathy and prosocial behaviour. The helping behaviour is developed mainly when the person has positive moods but also a person who has negative moods sometimes do involve in helping behaviour so that the mind can be diverted to the other task. So, the individual differences do exist here to say in actual what kind of moods does help in showing empathy and prosocial behaviour. The more research is needed to be done in this area so that the actual scenario could be seen.

Positive and Negative Affect: Impact on Empathy and Prosocial Behaviour among College Going Adolescents

REFERENCES

- Boyd, N. (2014). How positive moods and negative state relief affect prosocial behaviour, accessible at: <http://education-portal.com/academy/lesson/how-positive-moods-and-negative-state-relief-affect-prosocial-behavior.html#lesson>
- Clark, L.A. and Watson, D. (1984). Negative affectivity. The disposition to experience negative aversive emotional states. *The journal of psychological bulletin*, volume no 96, page no 465-490.
- Cooper, H. & Deneve, K.M. (1998). The happy personality: a meta-analysis of 137 personality traits and subjective well-being. *Journal of Psychological bulletin*, page no 197-229.
- DeGraff (2014). Innovation: Devise with revisionary eyes: as with innovation itself, we are a work in progress.
- Durham, C.C., Judge, T.A., Locke, E.A. and Kluger, A.N. (1998). Dispositional effects on job and life satisfaction: the role of core evaluations. *Journal of applied psychology*, volume no 83, pages 17-34.
- Fredrickson, B.L. (1998). What good are positive emotions: Review of General Psychology, volume 2, pages 300-319.
- Gustavo, C., Crockett, L.J., Jennifer, M.W. and Beal, S.J. (2012). The role of emotional reactivity, self-regulation, and Puberty in Adolescents' Prosocial Behaviors". *Journal of Social Development*, volume 21, issue no 4, pages 667-685.
- Kendra Cherry (2014). What is prosocial behaviour, accessible from: <http://psychology.about.com/od/pindex/g/prosocial-behavior.htm>
- Likowski, K.U., Muhlberger, A., Seibt, B., Pauli, P., & Weyers, P. (2011). Processes underlying congruent and incongruent facial reactions to emotional facial expressions. *Journal of emotions*, volume 11, issue no 3, pages 457-467.
- Martin, G.N., Hogg, M.A. and Abrams, D. (2010). Social cognition and attitudes. *Journal of psychology*, Harlow: Pearson education limited, page no 646-677.
- Nantel-Vivier, A., Kokko, K., Caprara, G.V. and Tremblay (2012). Prosocial development from childhood to adolescence: a multi-informant perspective with Canadian and Italian longitudinal studies. *Journal of Child Psychology and Psychiatry*, volume 50, issue no. 5, pages 590-598.
- Roos, S., Hodges, E.V.E., & Salmivalli, C. (2013). Do guilt-and shame-Proneness Differentially predict prosocial, aggressive, and withdrawn behaviours during adolescence? *Developmental Psychology*.
- Sadhwani, A. (1990). Do parenting behaviours moderate the relationship between negative affect, sensory regulation and effortful control?
- Thoits, P.A., and Hewitt, L.N. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior*, volume 42, pages 115-131.
- Snyder, C.R., Shane, J. Lopez and Jennifer, T.P. (2011). Positive psychology: the scientific and practical explorations of human strengths, 2nd edition. Los Angeles: SAGE.
- Stephan, J.M. & Brief, A.P. (1986). Prosocial organizational behaviours. *The academy of management Review*, volume 11, issue no 4, pages 710-725.
- Watson, D. And Naragon, K. (2009). Positive affectivity. *The encyclopedia of positive psychology*, page no 701-711.
- Wills, T.A. (1986). Stress and coping in early adolescence: relationships to substance use in urban school samples. *Journal of health psychology*, volume no 5, pages 503-529.

Effect of Diet on Depression in Adolescents

Suneeta Pant¹, Dr. Madhulata Naya²

ABSTRACT:

The present study investigated the influence of dietary pattern on depression and also gender effects of depression. A sample of 300 adolescent (150 boys and 150 girls) from Kumaun hills of Uttarakhand state were selected who were taking traditional and mixed food comprise of traditional food with processed food. Dietary pattern were assessed by FFQ and symptoms of depression was tested by IPAT Depression Scale of Krug & Laughlin. Analysis of data indicates that the dietary pattern do not affect the depression symptom, though gender difference for depressive symptoms was significant. Dietary pattern comprised of local millets and vegetables where the study conducted was the reason for less depressed adolescents

Keywords: dietary pattern, depression, traditional food and mixed food.

It has been a long held belief that diet influences physical and mental health both. There has been a significant increase in the incidence of eating disorder in the past twenty years. Mental health problems are believed to be the result of a combination of factors including age, genetics and environmental factors. One of the most obvious, yet under recognized factor in the development of mental problem is the role of nutrition i.e. changing trend of diet especially in adolescent as it is most vulnerable age group in terms of growth, eating patterns, life style, risk taking behaviors and is environmentally more susceptible.

Eating behaviors common among adolescents are eating away from home, low intake of fruits and vegetables, meal skipping, nutrient poor food items and wide use of fast food and snacks for meal.

Depression and anxiety are critical health problems with increasing prevalence rates. Currently, the best practice for depression and anxiety includes Cognitive Behavior Therapy, psychotherapy, and psychopharmacology. However, there is a growing body of research that indicates that dietary patterns may have an impact on symptoms of depression and anxiety. (Sandra Carey, 2010)

¹ Assistant Professor, KVK, Rampur, SVPUA&T, Meerut, UP

² Associate Professor, Kumaun Univ. SSJ Campus, Almora, Uttarakhand

Effect of Diet on Depression in Adolescents

Depression: Depression is an affective disorder that compromises an individual's ability to perform day-to-day tasks due to feelings of sadness, leading to chronic symptoms affecting everyday functioning.

According to Sharp & Liosky, 2002, depression manifests as a combination of feelings of sadness, loneliness, irritability, worthlessness, hopelessness, agitation, and guilt, accompanied by an array of physical symptoms nutrition can play a key role in the onset as well as severity and duration of depression.

Dietary pattern is food intake pattern of individual. It varies from one individual to other. Gorst – Rasmussen et al. (2011) reported that dietary pattern should reflect the cumulative effect of all foods. Diets remain individual – specific constructs, whereas dietary patterns are population – based and usually observational.

Diversity of food is a defining feature of Indian geography and culture. Indian food items vary from region to region, even some time it varies with in the region. Rice, dal and vegetable are taken as meal during lunch, dinner and breakfast. The food habits and preparation varies depending upon the availability of crop and surrounding vegetation. Crops grown in the region and surrounding plant species are the source of raw material for preparation of food recopies (Mehta et al, 2010).

There is rapidly growing scientific interest in the potential for food and specific nutrients to influence various aspects of psychological well being. (Talitha, et.al. 2005) The energy requirement of brain is disproportionately large. When the body is at rest it accounts for approximately 20% of energy consumption although it comprises only 2% of body weight. Food can influence human behavior in a number of ways as malnutrition, type of diet, eating habits, pharmacological effects, food allergy, fatty acids deficiency and food additives. Behavior influence of diet is of wide range. It includes attention, conduct disorder and mood (Houghes & Bryan, 2003).

Partisaul (2006) suggested that omega – 3 fatty acid deficiency has been tied to many conditions including violence, memory problem, hyper activity and depression. Soya been, a rich source of omega – 3 fatty acid and phytoestrogens should be included in diet. In a study conducted by Appleton et al (2007) it was found that depressed mood is associated with fish intake both directly or indirectly as a part of diet. Lakhan and Vieire (2008) reported that lack of certain nutrients essential vitamins, minerals, omega – 3 fatty acid can contribute mental disorder including depression. Ambrosini et al (2009) in a study concluded that high score of psychological symptoms relating internalizing (withdrawal/ depression) and externalizing behavior (delinquency/aggression) were associated with western diet pattern, whereas healthy dietary pattern associated with decrease in symptoms. Jaka et al (2010) in a study found that there is an association between diet quality and adolescent depression. Low intake of nutrient

Effect of Diet on Depression in Adolescents

dense foods and high intake of high energy nutrient scores foods are related to an increase in the like hood of adolescent being depressed.

The present study investigated the effect of dietary pattern on depression in adolescent in Indian context. Adolescent were chosen for study of depression because this is a period of developmental transition from family. Health habits are initiated in this period because of peer influence and media impact. In India there are very few studies in this field, they are particularly on effect of nutrient on mental health, not the effect of dietary pattern. The objectives of the study are to explore the effect of diet pattern on depression in adolescent and to find out the effect of gender and diet on depression.

OBJECTIVE

- 1) To assess level of depression among adolescent taking mixed food and traditional food.
- 2) To compare groups of adolescent formed on the basis of gender and diet pattern on the variables depression.
- 3) To study the effect of traditional food and mixed food on occurrence of depression.
- 4) To compare the level of depression among male and female adolescent.
- 5) To study interactional effect of sex and dietary pattern on the variables depression.

HYPOTHESIS

- 1) Adolescent differentiated on the basis of gender and dietary pattern would differ significantly on their level of depression.
- 2) Types of dietary pattern would account for developing depression among adolescent.
- 3) Gender would account for generating depression among adolescent male and female.
- 4) Gender and dietary pattern would interact significantly for the variable depression.

METHOD

Sample

The data was collected from the state of Uttarakhand. Three districts were randomly selected from the state, namely Nainital, Almora and Udham Singh Nagar. A sample of 300 adolescents in the age group of 15-17 years was studied for variable depression.

Food frequency questionnaire

Because of varied food consumption pattern in India, a single FFQ cannot capture variations in dietary intake in population. FFQ was developed by using 24 dietary recall methods. The frequency of food consumption was assessed by 8 – point multiple grid responses ranging from never or monthly to twice daily. Two dietary patterns were identified. The first pattern was

Effect of Diet on Depression in Adolescents

identified as traditional food pattern including high intake of cereal and pulses including local millets, soybean, fruits and vegetables local uncommon vegetables. The second pattern labeled mixed food pattern includes traditional food with processed food, heavily loaded by high consumption of fried foods, cold drink, Chinese food, junk food.

IPAT DEPRESSION SCALE (PERSONAL ASSESSMENT INVENTORY)

The IPAT Depression Scale (Krug & Laughlin, 1976) served as the measure of depression. The scale consists of 40 items with true – uncertain – false item format. The scale is scored using either an uncorrected version or corrected version. The corrected raw score, used for data analysis purposes in this study, is the sum of the item scores, 1's and 2's, obtained with a key. Half of the items have 'a' answer (generally agree or true) as high scoring response and the remaining items have the 'c' answer (generally untrue or disagree).

PROCEDURE

24 dietary recalls was carried out to list out the food items generally consumed by the adolescents of the region. From 24 hour dietary recall a FFQ was prepared. Based on responses of the adolescents at 8 point scale, two dietary patterns were identified as traditional food pattern including high intake of cereals and pulses including local millets i.e. finger millet (*Eleusine coracana*), porso millet (*Panicum miliare*), and jhangora (*Echinochloa frumentacea*), pulses i.e. soybean (*Glycine max* Linn), and horse gram (*Dolichos biflorus*), vegetables i.e. gathi (*Dioscorea bulbifera* Linn), lingud (*Gleichenia linearis*), ogal (*Fagopyrum esculent* Linn), gaderi (*Cococasia esculenta*) and bichchu buti (*Urtica ardens* Link) and in fruits i.e. kilmora (*Berberic asiatica*), bedu (*Ficus roxburghii*) and hisalu (*Rubus ellipticus*). The second pattern labels mixed food pattern includes traditional food along with processed food, heavily loaded by high consumption of fried food, food items prepared by refined grain, cold drink, Chinese food, junk food and confectionary items.

From filled FFQ adolescents taking traditional food and mixed food were differentiated and listed out. From all the schools of the selected districts 150 girls and 150 boys were selected for administration of psychological test for depression. Out of these 150 boys, 75 boys taking traditional food were studied and rest 75 boys taking mixed food were studied for variable depression. The same were done for rest 150 adolescent girls for testing the variable depression.

The data collected was then statistically analyzed by using ANOVA and result presented and discussed as followed.

Effect of Diet on Depression in Adolescents

RESULTS AND DISCUSSION

Table no. – 1 ANOVA on depression

Source of variation	Degree of freedom	Sum of square	Mean sum of square	F – value	Level of significance 0.05
Among groups	3	21.23	7.07	4.03	S.
A	1	1.47	1.47	0.84	N.S.
B	1	19.76	19.76	11.25	S.
AxB	1	0.003	0.003	0.002	N.S.
Error	296	520.13	1.76		

Table no. -2 Means of Four Groups on Depression

Gender Type of food	(B ₁)	(B ₂)	Total
A ₁	6.08	5.56	5.82
A ₂	6.21	5.71	5.96
Total	6.15	5.63	

Table no. – 3 Critical difference at 5% level

Groups	N	Standard error of difference	Critical difference
AB	75	0.23	0.46
A/B	150	0.13	0.26

DISCUSSION

From the statistical analysis it was found that groups formed on the basis of dietary pattern and gender differs significantly on depression. From the mean score value it was found that among groups, male that are taking mixed food were affected significantly by symptoms of depression. In Indian context especially in middle class background families, nutrition and cooking are socially constructed as feminine. There is social stigma about cooking and diet that it belongs to women only. Males with lack of cooking skills, which makes food of inconsistent quality, affects nutrients availability, which in turn affects mental and physical health both. They mainly depend on ready to eat food items. Boys have great influence upon their eating habits by the commercial environment, particularly mass media. Adolescent boys are greatly influenced in their eating habits by peers, mass media, social and cultural norms, and lack of nutrition knowledge, while the influence of the family tends to decline. Taste, convenience and affordability were the foremost preference criteria. With increasing fast-food consumption, that of more traditional (and nutrient-dense) food items such as pulses, green leafy vegetables, fruits and milk decreased significantly. It can be said that in adolescent males, taste preferences are a major determinant of food choices. Nutrition knowledge per se is little predictive of eating behaviours, while recognizing that they often have poor food habits.

Samieri et al (2008) studied dietary patterns by a mixed clustering method and analyzed their relationship with depressive symptoms. A "healthy" cluster characterized by higher consumption of fish in men and fruits and vegetables in women, was associated with borderline significance with lower depressive symptoms in women. Men in the "pasta eaters" cluster had higher depressive symptoms. This partially supports our study.

According to **Rafael et al** (2009), for male students, none of the food consumption groups were associated with perceived stress or depressive symptoms. In females, perceived stress was associated with more frequent consumption of sweets/fast foods and less frequent consumption of fruits/vegetables, which show the contradictory result with the findings of the present study.

There was no significant difference among group formed on the basis of dietary pattern for depression. Mean score value indicates that mixed diet affects the level of depression though not significantly, mixed food as consisted of traditional and processed food. Traditional diet of the region is rich in local millets like barnyard millet, finger millet, foxtail millet, porso millet, kodo and sorghum and pulses like soya bean, pigeon pea, chick pea, lentil, horse gram, french bean, scarlet bean, green gram, black gram, rice bean and cow pea. All these local millets and pulses are good sources of folic acid, B vitamins, minerals and soybean a rich source of omega – 3 fatty acid and are used by the locals.

Local uncommon vegetables like rambans, tarur, lingura, halang, timul, bedu, bichchu ghas, gethi, bathua, lai, methi and spinach does make an important place in the diet of Kumauni people. These are good source of minerals and vitamins essential for mental development.

Effect of Diet on Depression in Adolescents

Very long chain omega-3 fatty acids (w-3 PUFA) intake and fish consumption have been suggested as protective factors against neuropsychiatric disorders (Sanchez-Villegas et al 2007, Partisaul 2006). Lakhani and Vieira (2008) reported that lack of certain nutrients can contribute to mental disorder including depression. The daily supplements of vital nutrients often effectively reduce the depression, as found in our study. It was reported by several researchers that traditional dietary pattern characterized by vegetables, fruits, meat, fish and whole grain was associated with lower odds for depression and anxiety (Samieri et al 2008, Akbaraly et al 2009, Ambrosini et al 2009, Jaka et al 2010 and Nanri et al 2010). These studies partially support our research.

But for the groups made on the basis of gender there was significant difference. Our findings reveal that males have higher depression whether taking mixed food or traditional food whereas, females have less symptoms of depression. Samieri et al (2008) reported that men and women differ significantly for depressive symptoms. The results of a study done by Murakami et al (2008) indicate that prevalence of depressive symptoms were 36% for men and 37% for women, which partially support our study. Boys are more involved in outdoor extracurricular activities as compared to girls. Due to this they cannot take nutritionally adequate diet in time whether it is traditional or mixed. For the study purpose they also bound to reside far away from home, also making it difficult to take nutritional diet, they generally depend on what is available to them easily. There are stereotypical or socially prescribed masculinities which influence men's health and behavior. Looking at patterns of eating behaviour in situations in which young people are likely to be able to make personal choices may provide a useful complement to assessing dietary intake. Amongst adolescents this relationship may be mediated in part by snacking behaviour, since a disadvantaged home life has been linked to less regular meal patterns and a higher consumption of sweet and fatty snacks.

The result of interaction among dietary pattern and gender do not differ significantly for depression. Food consumption frequencies vary by country and gender, as did depressive symptoms and perceived stress (Rafael et al, 2009).

The results suggest that traditional diet affords protection against symptoms of depression, while diet rich in junk food and processed food increases vulnerability. The findings suggest that healthy eating policies will generate additional benefit to health and that should be considered helpful in prevention of depression which is prevailing among adolescents.

CONCLUSION

Major findings of the study are:

- 1) Depression did not significantly affect by dietary pattern, but gender difference was significant for depression.
- 2) Male adolescents were more prone to depression than female adolescents.
- 3) Male adolescents that are taking mixed food were affected significantly by symptoms of depression.

REFERENCES

- Akbaraly, T.N., Brunner, E. J., Ferrie, J. E., Marmot, M. G., Kivimaki, Mika, Archana Singh – Manoux. (2009). Dietary pattern and depressive symptoms in middle age: the Whitehall II study, *The British Journal of Psychiatry*, 195 (5), 408 – 413.
- Ambrosini, G.L., Oddy, W.H., Robinson, M. O’Sullivan, T.A., Hands, B.P. and De Clark, N.H. et al. (2009). Adolescent dietary pattern with life style and family – socio economic factors. *Public Health Nutrition*, 12(10), 1807-1815.
- Appleton, K.M., Woodside, J.V., Yarnell, J.W., Arveiler, D., Haas, B., Amouyel, P., Montaye, M., Ferrières, J., Ruidavets, J.B., Ducimetiere, P., Bingham, A. and Evans, A. (2007). Depressed mood and dietary fish intake: direct relationship or indirect relationship as a result of diet and lifestyle? *J. Affect. Disord.*, 104(1-3), 217-23.
- Hughes D. and Bryan J. (2003). The assessment of cognitive performance in children: consideration for detecting nutritional influences. *Nutritional Reviews*, 61 (12), 423-422.
- Jacka, F. N., Peter J. K., Eva R.L., Michael B., George C. Petton, J., W. T. and Joanne W.W. (2010). Association between diet quality and depressed mood in adolescent, results from Australian healthy neighborhood, *Australian and New Zealand J. of Psychiatry*, 44, 435 – 442.
- Kurg, S.E. and Laughlin, J.E. (1976). *Hand book for the IPAT Depression Scale*. Rupa Psychological Centre. Bhelupura, Varanasi.
- Lakhan, Shaheen E. and Vieira, Karen F. (2008). Nutritional therapies for mental disorders. *Nutrition Journal*, 7(2), 7-2.
- Mehta, P.S., Negi, K.S. and Ojha, S.N. (2010). Native plant genetic resources and traditional food of Uttarakhand Himalayas for sustainable food security and livelihood. *Indian J. of Natural Products and Resources*, 1(1), 89-96.
- Murakami, K., Mizoue, T., Sasaki, S., Ohta, M., Sato, M., Matsushita, Y. and Mishima, N. (2008). Dietary intake of folate, other B vitamins, and omega-3 polyunsaturated fatty acids in relation to depressive symptoms in Japanese adults. *Nutrition*, 24(2), 140-7.
- Nanri A., Kimura Y., Matsushita Y., Ohta M., Sato M., Mishima N., Sasaki S. and Mizoue T. (2010). Dietary patterns and depressive symptoms among Japanese men and women. *Eur J Clin Nutr.*, 64(8), 832-839.
- Partisaul, H. B. (2006). Dietary influences on anxiety and aggression. Symposium. *International Society for Research on Aggression*. XVII World meeting.
- Rafael, T. M., Walid, E. I. A. and Annette, E. M.** (2009) .Food consumption frequency and perceived stress and depressive symptoms among students in three European countries, *Nutrition Journal*, 8, 31 .

Effect of Diet on Depression in Adolescents

- Rasmussen - Gorst, Anders, D., Christina C., Claus, D., Thomas, S. and Overvad, K. (2011). Dietary Pattern Analysis. *American Journal of Epidemiology*, 173(10), 1109-1110.
- Samieri, C., Jutand, M.A., Feart, C., Capuron, L., Letenneur, L. and Barberger- Gateau, P. (2008) Dietary patterns derived by hybrid clustering method in older people: association with cognition, mood, and self-rated health. *J Am Diet Assoc.*, 108, 1461-1471.
- Sanchez-Villegas, A., Henríquez, P., Figueiras, A., Ortuño, F., Lahortiga, F. and Martínez-González, M.A.(2007). Long chain omega-3 fatty acids intake, fish consumption and mental disorders in the SUN cohort study. *Eur. J. Nutri.* 46(6), 337-346.
- Sandra, C. G. (2010). Dietary patterns and their effect on depression and anxiety among healthy adults by Psy.D. *Adler School of Professional Psychology*, 101, 3452688.
- Sharp, L. K. and Lipsky, M. S. (2002). Screening for depression across the lifespan: A review of measures for use in primary care settings. *Am Fam Physician*, 66(6), 1001-1009.
- Talitha, B., Eva, K., Janet, B. (2005). Effect of saccharides on brain function and cognitive performance. *Nutrition Reviews*, 63(12), 409-418.

Mobile Phone Addiction and Loneliness among Teenagers

Dr. Mrunal Bhardwaj¹, Miss. Sode Jaimala Ashok²

ABSTRACT:

The aim of this study is to analyse mobile phone addiction & loneliness among. Survey research is used for this study. To collect data; personal information form, mobile phone addiction scale, and -loneliness scale were applied for 40 students who are from different colleges in Mumbai city. To analyze these data; correlation, t test were calculated. Results revealed that mobile phone addiction was significantly associated with loneliness ($r=.456$) Furthermore, no significant gender differences were found in terms of loneliness and mobile phone addiction.

Keywords: Mobile phone addiction, Loneliness, teenagers

MOBILE PHONE ADDICTION

As we all know there has been great development in technology. This has resulted in invention of many gadgets and cell phone is one of them. Despite its usefulness, excessive use of this device has various negative impacts. A person suffering from such a phenomenon is referred to as a cell phone addict. He relies over his cell phone for all the various day to day activities not concentrating on anyone else near him. A person is suffering from this form of addiction can be predicted by the cell phone bills and the abrupt behavior in case the cell phone is missing.

In addition to being a means of communication and having rapidly spreading use around the world, mobile phones, in particular the new generation of smart mobile phones, are technological tools due to offering many functions, such as providing short message service (SMS) to users, taking photos, playing games, using the Internet, connecting to social networks, providing navigation services, having a video player functionality, watching TV and shopping. Cell phone activities examined in the study included calling, texting, emailing, surfing the Internet, banking, taking photos, playing games, reading books, using a calendar, using a clock and a number of applications, among them the Bible, iPod, coupons, Google Maps, eBay, Amazon, Facebook, Twitter, Pinterest, Instagram, YouTube, iTunes, Pandora and “other” (news, weather, sports, lifestyle-related applications and Snapchat.)

¹Vice- Principal. & HOD PG Dept. of psychology, M. G. V’S. Loknete Vyankatrao Hiray College, Panchavati, Nashik-422003. Maharashtra

²Assistant Professor, PG Deptt of psychology, M. G. V’s. Loknete Vyankatrao Hiray College, Panchavati, Nashik

Mobile Phone Addiction and Loneliness among Teenagers

They also remarked that students have taken quite a lot of time to use their mobile phones. Considering the facilities that a mobile phone provides to individuals as mentioned above, these facilities can be handled at the same time as the needs of individuals. While normal use of mobile phones is to restrict individuals' use of mobile phones in accordance with their needs, problematic use of mobile phones occurs due to the fact that individuals aren't able to restrict their use in accordance with the needs. The findings of some studies have indicated that problematic use of mobile phones has negative effects.. Ha, Chin, Park, Ryu Yu (2008) found that the excessive user group experienced more depressive symptoms, difficulty in expression of emotion than the comparison group did.

Considering the features of mobile phones, especially smart mobile phones, recently introduced, it is seen that these kinds of mobile phones are not only manufactured to provide communication. These mobile phones include many features presented by the Internet and computers. In this context mobile phones offer a great opportunity, especially for young people who use the Internet. Individuals who have such a great opportunity can interact with mobile phones almost everywhere (at home, at school, on the bus, on the street, in the café, in the canteen, in bed, or even in the toilet). Individuals who have engaged in mobile phones constantly may be exposed to a decrease in the time allocated to other social relations, especially relations based on face-to-face interaction. This situation may also make individuals lonely. Although mobile phones and the Internet are used as communication tools, excessive use of these technological tools causes individuals to become addicted. Even communication tools may cause non-communication situations. Individuals who are under these circumstances can be supported to receive the help of individual or group counseling in order to make use of such technological tools in accordance with their needs.

LONELINESS

Loneliness is one of the most common feelings that individuals could experience in their lives. Loneliness is a negative emotion that comes about through a discrepancy between desired and achieved levels of social contact (Perlman & Peplau, 1981). According to Lopata (1969), loneliness is an emotion experienced by an individual who wishes for a level of contact unlike from the one currently encountered. The multiplicity of social relations does not matter but the quality of them is important. However, having more social relations may not always derive individuals a profit in social life.

While common definitions of loneliness describe it as a state of solitude or being alone, loneliness is actually a state of mind. Loneliness causes people to feel empty, alone and unwanted. People who are lonely often crave human contact, but their state of mind makes it more difficult to form connections with other people.

The most broadly accepted definition of loneliness is the distress that results from discrepancies between ideal and perceived social relationships. This so-called cognitive discrepancy perspective makes it clear that loneliness is not synonymous with being alone, nor does being

Mobile Phone Addiction and Loneliness among Teenagers

with others guarantee protection from feelings of loneliness. Rather, loneliness is the distressing feeling that occurs when one's social relationships are perceived as being less satisfying than what is desired. This entry describes how loneliness is conceived and measured how loneliness is mentally represented; how loneliness influences thoughts, feelings, and behaviors; and consequences of loneliness for health and wellbeing.

Mobile phones offer many possibilities presented by the Internet and computers. While computers and the Internet may cause loneliness of individuals, may mobile phone cause loneliness of individuals? In this context the purpose of the study is to examine loneliness of college students in terms of daily use of mobile phone, mobile phone addiction and gender. We therefore would expect that higher or problematic phone use is predicted by loneliness

REVIEW OF LITERATURE

When studies are analyzed on loneliness, it is seen that loneliness is associated with some variables. Loneliness is related to the variables of depression (Anderson, & Arnoult, 1985; Brage, Meredith, & Woodward, 1993; Ceyhan, & Ceyhan, 2011; Nangle, Erdley, Newman, Mason, & Carpenter, 2003; Rotenberg, & Flood, 1999; Ünal, & Bilge, 2005; Wang, Yuen, & Slaney, 2009; Wei, Russell, & Zakalik, 2005; Yaacob, Juhari, Talib, & Uba, 2009), stress (Yaacob, Juhari, Talib, & Uba, 2009).

In Arslan's (2013) study, the problematic phone use increases as talking time increases, however increase of talking time decreases loneliness level in teenagers. Jin and Park (2012) found that more face-to-face interactions were associated with lower levels of loneliness; however, more cell phone calling was associated with greater loneliness. Reid and Reid (2007) revealed that lonely people preferred calls and rated text such as short message service (SMS, or text messaging) as a less intimate method of contact. According to Takao, et al. (2009) it is conceivable that lonely people are eager to maintain contact with their peers through frequent calls so as to fulfill their loneliness (Wei, & Lo, 2006).

Satoko Ezoe¹, Masahiro (2013) investigated factors contributing to Internet addiction in 105 Japanese medical students. The subjects were administered by a self-reporting questionnaire designed to evaluate demographic factors, Internet addiction, loneliness, health-related lifestyle factors, depressive state, patterns of behavior, and mobile phone dependence. Results of multivariate logistic regression analysis indicated that loneliness and mobile phone dependence were positively related to degree of addiction. Their findings suggest that Internet addiction is associated with loneliness and mobile phone dependence in Japanese students.

Loneliness and Mobile Phone - , Mustafa analyzed loneliness of university students according to mobile phone addiction, daily phone use time and gender. Survey model has used for this research. To collect data; personal information form, problematic mobile phone use scale, and UCLA-loneliness scale were applied for 527 students who are from different Departments of Faculty of Education at Frat University. To analyze these data; correlation, t test, one way variance (ANOVA) analysis and Scheffe test were used. Results revealed that loneliness was significantly associated with problematic mobile phone use ($r=.35$).

Mobile Phone Addiction and Loneliness among Teenagers

OBJECTIVES:

- 1) To measure the mobile phone addiction among teenagers (Girls & Boys).
- 2) To measure the loneliness among teenagers (Girls & Boys).
- 3) To study the relationship between mobile phone addiction and loneliness among teenagers.

HYPOTHESES

- 1) There is a high level of mobile phone addiction among teenagers (Girls & Boys).
- 2) There is no gender difference in term of mobile phone addiction.
- 3) There is a high level of loneliness among teenagers (Girls & Boys).
- 4) There is no gender difference in term of loneliness.
- 5) There is a positive relationship between mobile phone addiction and loneliness among teenagers

RESEARCH VARIABLES

- 1) Gender
- 2) Mobile phone addiction
- 3) Loneliness

CONTROLLED VARIABLES

- 1) Age
- 2) Economic status

RESEARCH DESIGN

In this study an attempt has been made to find out the relation between mobile phone addiction and loneliness among teenagers. It is a survey research & a correlation study.

1)

No	GROUP	No of Sample
1	Boys teenagers	50
2	Girls teenagers	50
		Total Sample = 100

SAMPLE

The sample was selected by using random sampling Method. It consisted of 150 teenagers of Mumbai city in Maharashtra. The age range was 13-17 yrs. First they were administered with Mobile phone addiction scale. Finally 100 teenagers (50 Boys and 50 Girls) were selected who scored high on mobile phone addiction scale. Then second test of Loneliness was given to them.

TOOLS:

1) MOBILE PHONE ADDICTION SCALE (2012)

Mobile phone addiction scale by **Dr. A. Velayudhan & Dr. S. Srividya** was used to measure the mobile phone addiction.. It contains 37 items used five point response format it is five point Likert scale. It contains six subscales 1) Maladaptive Usage 2) Self Expression 3) Peer

Mobile Phone Addiction and Loneliness among Teenagers

Relationship & Mobile Phone 4) Interpersonal Relationship 5) Impulsivity 6) Usage Time. The score of the scale ranged from 37-245. The higher the score higher the mobile phone addiction.

RELIABILITY

The alpha (test retest) reliability of the scale was found to 0.79 and the split half reliability index was found to be 0.75. The internal consistency reliability was found to be 0.89.

VALIDITY:

The content item and concurrent validity of the test is high.

2) LONELINESS INVENTORY (2010)

Loneliness Inventory by Uma, Meenakshi. R. & Prof. K. Krishnan was used to measure the loneliness . It contains 19 items used five point response format it is five point Likert scale.

RELIABILITY

The Pearson's product moment correlation coefficient is 0.72. The reliability coefficient is significantly high.

VALIDITY:

The content item and concurrent validity of the test is high.

RESULTS

The purpose of the study was to measure the mobile phone addiction and loneliness among teenagers. Here t-test statistic was applied to check the significant difference in mobile phone addiction and loneliness among teenagers.

Co - relational method is used for determining the relation between mobile phone addiction and loneliness.

TABLE NO – 1, Table No 1.1 showing the means &t value in terms of Mobile phone addiction.

Test	Group	N	Mean	SD	SED	t	Sign
Mobile Phone Addiction	Boys (teenagers)	50	144.4	15.3	4.56	1.16	NS
	Girls (teenagers)	50	142.9	13.3			

Table 1 shows the difference in Mobile Phone Addiction among teenagers for Mobile Phone Addiction scale the obtained values for **boys Mean (M) =144.4& Standard Deviation (SD) =15.3** and in comparison with the **girls' Mean (M) =142.9 and Standard Deviation (SD) =13.3**.The obtained t value is 1.16 which is not significant. This indicates that there is no signification gender difference associated with mobile phone addiction ,it is indicative that in a changing scenario societal norms are changing so boys and girls are equally using mobiles and social networking.

Mobile Phone Addiction and Loneliness among Teenagers

TABLE NO – 2, Table No 2 showing the means & t value in terms of loneliness.

Test	Group	N	Mean	SD	SED	t	Sign
Loneliness	Boys teenagers	50	68.45	9.15	1.86	1.56	NS
	Girls teenagers	50	67.85	8.94			

Table 1 shows the difference in loneliness among teenagers, the obtained values for **boys are Mean (M) =68.45& Standard Deviation (SD) =9.15** and in comparison with the **girls Mean (M) =67.85 and Standard Deviation (SD) =8.94**.The obtained t value is 1.56 which is not significant so the level of loneliness is equal irrespective of gender.

Table No – 3

Test	Mean	SD	N
Mobile Phone Addiction	144.20	13.255	100
Loneliness	63.08	7.774	100

Table N0 – 4, Table No 4 showing the relationship between mobile phone addiction and loneliness

		MPA	Loneliness
Mobile Phone addiction	Pearson Correlation	1	.554(**)
	Sig. (2-tailed)	.	.003
	N	100	100
Loneliness	Pearson Correlation	.554(**)	1
	Sig. (2-tailed)	.003	.
	N	100	100

**** Correlation is significant at the 0.01 level (2-tailed).**

Table no 4 shows the correlation between mobile phone addiction & loneliness among boys and girls , teenagers .For this analysis person correlation method was used. For the obtained value in table no 4 show the correlation score between mobile phone addiction and loneliness is **.554** and it is significant at **0.01** level (2 tailed). This indicates that the correlation between mobile phone addiction and loneliness is positive. It indicates that higher the level of loneliness greater the mobile phone addiction.

DISCUSSION

Mobile phone addiction and Loneliness among teenagers was examined in the current study. When literature is analyzed, the literature has revealed that studies on mobile phone addiction related to loneliness are quite a few. In this context, this study may be important for the literature.

The aim of the present study was to examine the mobile phone addiction & loneliness among teenagers. The researcher selected the sample of 100 teenagers out of which, 50 were boys and 50 were girls.

When mobile phone addiction and loneliness among teenagers were examined according to gender, there was no significant difference found in the study. The results of some studies are similar to the results obtained from this study (Erözkan, 2004; Karaolu, Av arolu, &Deniz, 2009; Wiseman, Gutfreund, & Lurie, 1995).

Some studies also indicated that there were no significant differences between the loneliness scores of male and female students (Gürsoy, &Bçakç, 2006; Sezer, Tekin, &Aldemir, 2011). The results were supported by the studies of Kraut and his colleagues',. Kraut et al. (1998) which claimed that pathological use of the new technologies reduces the individual's social implication in the real world and, as a consequence, his or her psychological well-being, because it produces the kind of isolation, loneliness and depression the individual wants to ease by connecting to the Internet.

There was significant correlation found between the mobile phone addiction and loneliness among college students. The last hypothesis is also proved in the study.

Chen's (2006) result indicated heavy mobile phone users meet their friends less. Ha et al., (2008) found that the excessive user group experienced difficulty in expression of emotion than the comparison group did. Furthermore, excessive user group had higher interpersonal anxiety than the comparison group.

CONCLUSIONS

- 1) There is a high level of mobile phone addiction was found among teenagers.
- 2) There is no gender difference found in terms of mobile phone addiction.
- 3) There is a high level of loneliness was found among teenagers.
- 4) There is no gender difference found in terms of loneliness.
- 5) There is a significant correlation found between the mobile phone addiction and loneliness among college students.

LIMITATIONS

- 1) There was the limitation regarding the size of the sample. The sample size was limited.
- 2) The sample consisted of college students only from Mumbai city.

INTERVENTION STRATEGIES FOR MOBILE ADDICTION FOR PARENTS AND TEENAGERS

- There is a need to regularly monitor the cell phone usage.
- Keep a track of the time that you spend talking and messaging. Note it down for reference later.
- Try using other things to serve your needs such as notepad to jot down anything and a watch for monitoring time.
- After finding the time spent over cell phone it is now required to reduce your dependence over it by slowly decreasing the time spent, this can be done by choosing the activity of less importance on the cell phone and reducing your dependence over phone for that particular activity.
- The major reason for cell phone usage is to be with any other person. The usage can be reduced if you be with that person instead of conversing over the cell phone. Focusing on the person conversing to you is also very important and in order to do this you should keep your cell phone away when carrying out one on one conversation, this is essential for retaining people's respect.
- There is a need to believe that exchanging messages continuously on your cell phone is not the only way to enhance and make your social contacts instead it unnecessarily increases your level of anxiety.
- Even checking your email every 10 min is not necessary except for certain important people with corporate links.
- Another thing that can be done is to turn off the cell phone at night as it is not necessary to be used while sleeping
- It is believed than the number of people suffering from this form of addiction is bound to increase greatly in future. Hence, there is a need for greater focus in this area by both the government and the people alike.

REFERENCES

- Anderson, C. A., & Arnoult, L. H. (1985). Attributional style and everyday problems in living Depression, loneliness, and shyness. *Social Cognition*, 3(1), 16-35.
- Arslan, A., & Ünal, A.T. (2013). Examination of cell phone usage habits and purposes of education faculty students. *International Journal of Human Sciences*, 10(1), 182-201.
- Ba, G. (2010). An Investigation of the relationship between shyness and loneliness levels of elementary students in a Turkish sample. *International Online Journal of Educational Sciences*, 2 (2), 419-440.
- Bianchi, A., & Phillips, J.G. (2005). Psychological predictors of problem mobile phone use. *Cyber psychology & Behavior*, 8(1), 39-51
- Brage, D., Meredith, W., & Woodward, J. (1993). Correlates of loneliness among mid-western adolescents. *Adolescence*, 28(111), 685.

Effect of Gender and Faculty on Emotional Maturity of College Students

Gunde Rajendra. V.¹, Parit A. S.²

ABSTRACT:

The present study has been undertaken to know the effect of gender and faculty on emotional maturity of the college students. The sample consisted of 180 college students (60 from Arts, 60 from commerce and 60 from science faculty). Half of the subjects were male and half of them were female studying in first year degree course. The Ss were selected from the colleges situated in Gadhinglaj Tehsil from Kolhapur district. The data was analyzed by using t- test and one way ANOVA. Scheffe's post hoc test is used to find out the significance for inter group differences. The results reveal that the male and female college students differ in their emotional maturity. The faculty of college students also affect significantly on their emotional maturity.

Keywords: *Emotional Maturity, Sex, Faculty, ANOVA and Scheffe's post hoc test*

Emotions are great motivating forces throughout the span of human life; affecting the aspirations, actions and thoughts of individual. Youth as well as children are facing difficulties in life due to their emotions. These difficulties are giving rise to many psychosomatic problems like: anxiety, tensions, frustration and emotional upsets. So the study of emotional life is now emerging as a descriptive science, emotional maturity is not only the effective determinant of personality pattern, but it also helps to control the growth of adolescent development. Emotional maturity is something that we must develop in our lives by knowing how to respond to situations in a mature and responsible manner. Emotional maturity implies controlling our emotions rather than letting our emotions. Emotional maturity depicts our capacity to manage and to check our emotions, to evaluate other's emotional state and to persuade their judgment and actions. A person's emotional maturity is very much influenced by his/her relationship history (Anand et al, 2014).

Sharma (2012) stated that emotions play an important role in the life of an individual and one requires a higher emotional maturity to lead an effective life. Our behavior is constantly influenced by our emotional maturity level that we possess. Jogsan (2014) says that the adolescents who are observed to be highly emotional in their dealings need to be studied.

¹Associate Professor, Shivraj College, Gadhinglaj, Maharashtra, India

²Head, P.G. Department of Psychology, Rajaram College, Kolhapur (Maharashtra, India)

Effect of Gender and Faculty on Emotional Maturity of College Students

The adolescents are the future and pillars of nation, so it is important to study their emotional maturity. The current study was undertaken to study the levels of emotional maturity and gender based differences in emotional maturity among college students. Emotional maturity is the ability to experience, understand and express one's own deepest feelings in the most appropriate and constructive ways. As far as emotional maturity is concerned, it is a key factor for happiness in life without which an individual feels dependencies and insecurities in his life (Rathee and Salh, 2011; Bal and Singh, 2015).

Similarly, Subbarayan and Visvanathan (2011) in their study on emotional maturity among college students revealed that the emotional maturity of college students is not dependent on gender but is extremely unstable. Singh et al (2013) found no significant difference in the overall emotional maturity of adolescents across gender except on the social adjustment component. Boys were observed to be significantly better on social adjustment than girls. Kumar (2014) observed that there is no significant difference between boys and girls adolescent students in their emotional maturity. Aleen and Sheema (2005) found significant differences between the mean scores of male and female students on emotional stability and reported that female students were less emotionally stable than that of the male students. Manoharan et al, 2007 (Wani and Masih, 2015) concluded that emotional maturity of P.G. students is influenced by sex, class and group. The level of emotional maturity of female students is higher than that of the male students. Bhanwer (2012) found significant difference between the group of adolescent girls and boys on their Emotional Maturity. Adolescent boys were less emotionally mature than girls. Subramanian (2011) found that the high school boys have greater emotional maturity than the high school girls. Sinha (2014) found significant difference between boys and girls student in term of their emotional maturity. The difference obtained between these two mean is significant on 0.01 levels. It means that boys have better emotional maturity than their girls.

The basic purpose of this study is to find out the effect of gender and faculty on emotional maturity of the college students.

OBJECTIVES

- To examine the level of Emotional Maturity of college students with regard to gender and faculty.
- To find out whether there is any significant difference between male and female college students in their Emotional Maturity.
- To find out whether there is any significant difference among faculties of the college students in their Emotional Maturity.

HYPOTHESES

There is no significant difference between male and female college students in their emotional maturity.

There is no significant difference among faculties of college students in their emotional maturity.

Effect of Gender and Faculty on Emotional Maturity of College Students

METHOD

Sample

The sample consisted of 180 college students (60 from Arts, 60 from commerce and 60 from science faculty). Half of the subjects were male and half of them were female studying in first year degree course. The sample collected from the colleges situated in Gadhinglaj city from Kolhapur district of Maharashtra state.

Table 1. Faculty and sex wise distribution of the Sample

		Faculty			Total
		Arts(B1)	Commerce(B2)	Science(B3)	
Sex	Male(A1)	30	30	30	90
	Female(A2)	30	30	30	90
Total		60	60	60	180

Tool

Emotional Maturity Scale developed by Yashvir Singh and Mahesh Bhargava (1990) consisting 48 items and measuring 5 factors of emotional maturity namely: emotional instability, emotional regression, social maladjustment, personality disintegration and lack of independence. Higher score is indicative of higher emotional immaturity and lower score indicative of higher emotional maturity.

Statistical Analysis

Means, standard deviations, t- test and one way ANOVA with regard to emotional maturity in relation to gender and faculty were calculated and interpreted.

RESULTS AND DISCUSSIONS

An observation of Table 2 indicates that male and female college students differ significantly from each other in their total Emotional Maturity ($t=7.51, p<0.01$) and its dimensions: Emotional instability ($t=2.31, p<0.01$), Social Maladjustment ($t=2.13, p<0.01$) and Personality Disintegration ($t=1.64, p<0.05$). Male and female college students do not differ significantly on dimensions: Emotional Regression ($t=0.88, p>0.05$) and Lack of Independence ($t=0.62, p>0.05$).

From the above table related to the results regarding Emotional Maturity of the male and female college students, it is clear that the male and female college students differ significantly from each other in their Emotional Maturity and three dimensions. Thus, the hypothesis "There is no significant difference between male and female college students in their emotional maturity" is

Effect of Gender and Faculty on Emotional Maturity of College Students

partially rejected. It indicates that the male and female college students differ significantly in their emotional maturity. The female college students have significantly higher mean values than that of the males. It also means that higher the score on emotional maturity of the females indicates the males are emotionally more mature than that of the females. The emotional maturity score gained are interpreted as higher the score means higher emotional immaturity.

Table 2. N, Means, Standard Deviations and ‘t’ values for Emotional Maturity of male and female college students

Dimensions	Gender	N	Mean	SD	t-values
Emotional Unstability	Male	90	23.40	5.50	2.31**
	Female	90	25.71	5.45	
Emotional Regression	Male	90	25.10	5.20	0.80
	Female	90	25.90	5.38	
Social Maladjustment	Male	90	22.13	4.24	2.13**
	Female	90	24.26	4.77	
Personality Disintegration	Male	90	20.51	4.83	1.64*
	Female	90	22.15	5.01	
Lack of Independence	Male	90	22.40	3.66	0.62
	Female	90	23.02	4.41	
Total Emotional Maturity	Male	90	113.54	16.78	7.51**
	Female	90	121.05	17.86	

* -Significant at 0.05 level

** - Significant at 0.01 level

The results support the studies by Aleen and Sheema (2005), Manoharan et al (2007), Subramanian (2011), Bhawner (2012) and Sinha (2014). However, the results contradict with the findings by Subbarayan and Visvanathan (2011), Singh et al (2013) and Kumar (2014). Male students have better emotional maturity than female students; this finding is supported by the findings of Subramanian (2011), Bhawner (2012) and Sinha (2014). It may be due to the fact that in our society gender role socialization practices differ for girls and boys. Girls are reared to be sensitive and expressive and they express their emotions very quickly whereas boys are not like that. Generally boys are not express vulnerable emotions such as fear, sadness, hurt, or

Effect of Gender and Faculty on Emotional Maturity of College Students

attachment to another person. Young girls are more likely to struggle with higher levels of emotional problems and less emotional well-being than boys. Girls are more likely to experience emotional problems like feeling nervous, frustrated and helpless when they face problems. But the boys easily face their problems without any emotional problems.

Table 3. One Way ANOVA for Faculties with Emotional Maturity and its dimensions

		Sum Squares	of df	Mean Square	F
Emotional Unstability	Between Groups	513.61	2	256.81	8.95**
	Within Groups	5076.83	177	28.68	
	Total	5590.44	179		
Emotional Regression	Between Groups	271.23	2	135.62	5.05**
	Within Groups	4755.77	177	26.87	
	Total	5027.00	179		
Social Maladjustment	Between Groups	179.43	2	89.72	4.34**
	Within Groups	3657.37	177	20.66	
	Total	3836.80	179		
Personality Disintegration	Between Groups	266.23	2	133.12	5.64**
	Within Groups	4177.77	177	23.60	
	Total	4444.00	179		
Lack of Independence	Between Groups	348.01	2	174.01	11.87**
	Within Groups	2594.97	177	14.66	
	Total	2942.98	179		
Total Emotional Maturity	Between Groups	7529.20	2	3764.60	13.74**
	Within Groups	48498.60	177	274.00	
	Total	56027.80	179		

** - Significant at 0.01 level

Effect of Gender and Faculty on Emotional Maturity of College Students

From the Table 3 it is observed that for Total Emotional Maturity $F=13.74$, at $df = 2$ and 179 , which is significant at 0.01 level. It is inferred that there is significant difference among faculties for total Emotional Maturity of the college students. The results about the dimensions of Emotional Maturity are: Emotional Unstability $F(2, 179) = 8.95$, $p < .01$, Emotional Regression $F(2, 179) = 5.05$, $p < .01$, Social Maladjustment $F(2, 179) = 4.34$, $p < .01$, Personality Disintegration $F(2, 179) = 5.64$, $p < .01$ and Lack of Independence $F(2, 179) = 11.87$, $p < .01$. All F values for the dimensions and total Emotional Maturity of the college students for faculties are significant at 0.01 level of confidence.

As all the F values are significant, it is required to find out the significance between inter group differences. Scheffe's post hoc test is used for inter group significance.

Table 4. N, Means, Standard Deviations and inter group mean differences (Scheffe's post hoc test) for Emotional Maturity and its dimensions of different faculties

Dimensions	Faculty	N	Mean	Std. Deviation	(I) Faculty	(J) Faculty	Mean Difference (I-J)
Emotional Unstability	arts	60	22.25	6.23	arts	commerce	2.92*
	commerce	60	25.17	4.76	arts	sci	4.00*
	sci	60	26.25	4.96	commerce	sci	1.08
Emotional Regression	arts	60	23.77	5.97	arts	commerce	2.52*
	commerce	60	26.28	4.85	arts	sci	2.68*
	sci	60	26.45	4.64	commerce	sci	0.17

Effect of Gender and Faculty on Emotional Maturity of College Students

Social Maladjustment	arts	60	21.88	4.73	arts	commerce	1.53
	commerce	60	23.42	4.56	arts	sci	2.42*
	sci	60	24.30	4.33	commerce	sci	0.88
Personality Disintegration	arts	60	19.72	4.87	arts	commerce	1.92
	commerce	60	21.63	5.16	arts	sci	2.93*
	sci	60	22.65	4.52	commerce	sci	1.02
Lack of Independence	arts	60	20.75	3.72	arts	commerce	2.82*
	commerce	60	23.57	4.33	arts	sci	3.07*
	sci	60	23.82	3.38	commerce	sci	0.25
Total Emotional Maturity	arts	60	108.37	19.14	arts	commerce	11.70*
	commerce	60	120.07	16.01	arts	sci	15.10*
	sci	60	123.47	14.12	commerce	sci	3.40

*- Significant at 0.05 level

An inspection of the Table 4 indicates that most of the combinations of faculties are significant. The mean values for Arts faculty are lesser than Commerce and Science faculties. Scheffe post hoc test results show that, the differences between the Ss coming from Arts and Commerce faculties as well as the Ss coming from Arts and Science faculties for their Emotional Maturity and its dimensions: Emotional Unstability, Emotional Regression and Lack of Independence are significant at 0.05 level of confidence, and the difference between the means for Emotional

Effect of Gender and Faculty on Emotional Maturity of College Students

Maturity and its dimensions: Emotional Unstability, Emotional Regression and Lack of Independence of the Ss coming from Commerce and Science faculties are not significant.

The differences between the Ss coming from Arts and Science faculties for their Emotional Maturity dimensions: Social Maladjustment and Personality Disintegration are significant. But the differences between the Ss coming from Arts and Commerce faculties as well as the difference between the Ss coming from commerce and Science faculties are not significant for their Emotional Maturity dimensions: Social Maladjustment and Personality Disintegration.

On the basis of above tables and their interpretation it is observed that, results for emotional maturity and its dimensions shows significant difference among faculties of college students. Hence, the hypothesis “There is no significant difference among faculties of college students in their emotional maturity.” is rejected. It is clear that as a result of faculty there is significant difference in emotional maturity and its dimensions among the college students.

The mean value of Arts faculty for emotional maturity is significantly less than Commerce and Science faculties. It means Arts faculty students are significantly more mature than Commerce and Science faculty students.

CONCLUSIONS

- The male and female college students differ significantly in their emotional maturity except the dimensions: Emotional Regression and Lack of Independence. The Males are significantly more mature than females.
- There is significant difference among faculties of the college students regarding their emotional maturity. Arts and Commerce as well as Arts and Science Faculties differ significantly on emotional maturity. Arts students are significantly more mature than Commerce and Science students.

REFERENCES

- Aleem, S.(2005). Emotional Stability among College Youth, *Journal of the Indian Academy of Applied Psychology*, 31(1-2), 100-102.
- Anand, A.K., Kunwar, N. and Kumar, A.(2014).Impact of Different Factors on Emotional Maturity of Adolescents of Coed-School. *International, Research Journal of Social Sciences*, 3(11), 17-19.
- Balakrishnan, V.(2013).Emotional Maturity of Teachers in Relation to Caste and Religion. *International Journal of Teacher Educational Research*, 2(6), 8-17.
- Bal, B.S. and Singh, D.(2015).An Analysis of the Components of Emotional Maturity and Adjustment in Combat Sport Athletes. *American Journal of Applied Psychology*, 4(1), 13-20.

Effect of Gender and Faculty on Emotional Maturity of College Students

- Bhanwer, M. K.(2012).Emotional Maturity Patterns of Adolescents as Determined by Gender Differences. *Research Analysis and Evaluation*, III (35), 61-63.
- Kumar, S.(2014).Emotional Maturity of Adolescent Students in Relation to Their Family Relationship. *International Research Journal of Social Sciences*, 3(3), 6-8.
- Misra, S. (2009).Emotional Maturity and Adjustment level of College Students, *Psycho-Lingua*, 39(2), 114-116.
- Sharma, N.,(2012).Role of gender and various personal and familial variables in emotional maturity of adolescents. *Golden Research Thoughts*, 1(7),7-9.
- Singh, Y. and Bhargava, M. (1990).Manual for Emotional Maturity scale. Agra: National Psychological Corporation.
- Singh, R., Pant, K. and Valentina, L.(2013).Gender on Social and Emotional Maturity of Senior School Adolescents: A Case Study of Pantnagar. *Stud Home Com Sci*, 7(1), 1-6.
- Sinha, V. K.(2014).A Study of Emotional Maturity and Adjustment of College Student. *Indian Journal of Applied Research*, 4(5), 594-595.
- Subbarauan, K. And Veliappan, A.(2013).A Study on Emotional Maturity of High School Students. *Indian Journal of Applied Research*, 3(11), 142-143.
- Subbarauan, K. and Visvanathan, G.(2011).A study on emotional maturity of college students. *Recent Research in Science and Technology*, 3, 153-155.
- Wani, M.A. and Masih, A.(2015).Emotional Maturity across Gender and Level of Education. *The International Journal of Indian Psychology*, 2(2), 63-72.

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

Vishnu Kumar¹

ABSTRACT:

Train operation at higher speed necessitates attentiveness, alertness and ability to respond promptly with precision and promptness for taking prudent decisions under dynamic situation of train driving. Proficiency and competence of locomotive drivers, their acumen and expertise to formulate strategies for dealing with the varying situations associated with operation of trains involve manifestation of specific cognitive, psychomotor and behavioural abilities, in absence of which their reliability becomes safety critical. Deployment of proficient drivers possessing appropriate attribute and apposite aptitude can be ensured through an efficient psychometric assessment and the process of assessment becomes crucial in minimizing safety critical risk factors and ensuring efficiency and safety in high speed train operation.

Keywords: *High speed, Cognitive, Psychomotor, Attributes, Skill, Ability, Vigilance, Perception Attention, Reaction time, Distribution of attention, Personality, Psycho-intervention.*

In order to reduce travel time and ensure faster connectivity between major cities, the speed of trains has gradually been increased. Augmentation of speed on some identified routes has been under active consideration by using conventional technology and also by incorporating advanced technology in this field. Introduction of Rajdhani and Shatabdi Express trains that initiated the era of running faster trains necessitated screening of skilled and experienced locomotive drivers, based on certain important psychological attributes of better perception, good observation power, appropriate judgment of speed, acuity for visual differentiation, quick reaction time and application of mental acumen besides physical fitness and ability to withstand monotony and fatigue. In an Endeavour to meet this need the Psycho-Technical Directorate of Research, Designs and Standards Organisation, working under the aegis of the Ministry of Railways, Government of India developed computer aided drivers aptitude test (CADAT) battery indigenously and five tests of this system were chosen to adjudge suitability of locomotive drivers for running trains at speed ≥ 110 kmph.

¹Executive Director/Traffic, Psycho-Technical Directorate, Research Designs and Standards Organisation, Ministry of Railways, Government of India, Manak Nagar, Lucknow-226011, India.

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

Recent developments and plan to run trains initially at 160 kmph and thereafter at higher speed requires technological and infrastructural improvements and also makes it necessary to deploy efficient and skilled drivers possessing requisite cognitive, psychomotor and behavioural attributes and right aptitude, supported by sharpening of technical skills and abilities for running speedier trains safely and efficiently.

Presently, at the initial stage of recruitment, fresh candidates as well as working employees are selected as Assistant Loco Pilots (ALPs), either directly through Railway Recruitment Boards (RRB) and through departmental selections respectively and this requires mandatory assessment of some basic but critical attributes using indigenously developed aptitude tests. It is essential to qualify in all the five aptitude tests as shown in Table1, either individually in the direct recruitment process or on the basis of aggregate in departmental promotions for being suitable and this forms an integral part of the comprehensive selection process.

Table 1: Assessment of attributes at initial stage of selection

Criteria	Assessment of Attribute
Memory	Memory
Following Direction	Ability to follow a set of given instructions
Depth Perception	3D perception of an object in a visuo-spatial field
Power of Observation	Concentration
Perceptual Speed	Quick and correct perception of forms

As the ALPs grow in the system and acquire adequate field experience of running Mail/Express trains as Loco Pilots (LPs) on various routes with distinct signalling systems and topographical characteristics, they are selected by Railways on the basis of their past safety records, skills and technical capabilities of running faster trains. These locomotive drivers so selected are subjected to screening on indigenously developed CADAT system for assessment of cognitive and psychomotor attributes of reaction time, concentration, judgement of speed, form perception and sustained attention/vigilance and only those who are found suitable as per the established suitability criteria are put on high responsibility job of running trains at speed ≥ 110 kmph. Depending upon the need of assessing safety critical cognitive and psychomotor attributes, five tests of CADAT, as shown in Table 2, are administered for screening them at five regional centres. Their performance is assessed on the basis of predetermined suitability criteria on all the five tests combined and those scoring higher than the minimum prescribed cut-off that has been established after several field trials are declared suitable for running high speed trains.

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

Table 2: Assessment of attributes for screening experienced Loco Plots for working faster trains

Aptitude test	Assessment	Usefulness
Complex Reaction Time	Ability to make prompt response to various stimuli.	Perception of signal aspects, quick and appropriate response measured in milliseconds is crucial for safe driving.
Group Bourden	Ability to focus and selectively concentrate on some specific task excluding the others, especially when the task is monotonous	Ability to remain focused on main task of driving without getting distracted by other insignificant stimuli.
Speed Perception	Ability to anticipate speed in a visual field - for this perceptual ability, attention and focused concentration is mandatory.	Anticipation of speed aids the driver to judge situations that may be critical for safety.
Form Perception	Ability to quick and timely visual perception of forms in working environment.	Perceptual speed and discrimination of forms is crucial for a driver's job.
Visual Differentiating Attention	Ability to stay alert even in monotonous situations, where only once in a while a reaction is required.	Capability of remaining alert over a sustained period of time is a prerequisite for driving job.

Studies and research on the efficacy of psychometric tests in screening the locomotive drivers for selection as high speed locomotive drivers has been scanty and sporadic. However, research conducted by this Directorate (RDSO Report PT-29, 2006) has revealed that the job performance of those locomotive drivers found suitable on CADAT has been better than those declared unsuitable. It has also been found that the suitable locomotive drivers tend to commit less irregularity and are proficient in handling troubles in locomotives/trains more effectively than unsuitable drivers. Further, more than 74% suitable locomotive drivers were found to be graded as 'A' which is the highest grading based on their job performance in the field that is independent of psychometric assessment. In another study (RDSO Report PT-36, 2012), performance of locomotive drivers involved in signal passing at danger (SPAD) and accident free drivers were compared on five attributes of CADAT - complex reaction time, form perception, concentration, vigilance, speed perception and anticipation, which suggested that accident free drivers significantly outperformed the accident involved drivers on most of the attributes. These field studies suggested that the CADAT tests are useful in predicting cognitive behaviour and safe performance of locomotive drivers. Moreover, correlational study (RDSO Study Report PT-39, 2014) of the performance of locomotive drivers and field studies conducted

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

to facilitate diligent decisions with respect to assessment of cognitive fitness of skilled and experienced locomotive drivers taking into consideration the impact of age, experience, education and selection process on the performance and to ascertain suitable selection criteria for running trains with sectional speed of 160-200 Km/h and above indicated the need of some modification in the present system of assessment, owing to high cognitive demand involved in driving trains at higher speed of 160-200 Km/h and above. This is obviously so because train driving at such a high speed demands a range of skills and abilities and the basic cognitive functions including perception, attention, memory and the executive functions of reasoning, planning, prioritization, thinking ahead, situational awareness, execution, that determine performance, deteriorate with age. This impact is more pronounced in reaction time, cognitive processing, decision making, multitasking ability, perceptual and psychomotor abilities and the work ability, ultimately leading to errors that affect their ability to drive safely. Ability to withstand the impact of working in different time schedule, particularly night working, also gets reduced, as the critical age for increased intolerance to successive night working has also been found to be around 50 years (Makishita, H., & Matsunaga, K., 2008; National Institute for Occupational Safety and Health, 2005; Popkin, S. M., Morrow, S. L., Di Domenico, T. E., & Howarth, H. D., 2008; Verhaegen, P. & T. A. Salthouse, 1997). However, factors including experience, domain specific expertise, strategies, skills and better job knowledge do have compensatory roles (Taylor, J.L., O'Hara, R., Mumenthaler, M.S., Rosen, A.C., & Yesavage, J.A., 2005; Yeomans, L., 2010) in reducing these impacts, but need adequate nurturing in the working environment (RDSO Study Report PT-39, 2014).

In this perspective, it becomes essential to standardize the psychometric tests more systematically and explicitly so that they could help in adjudging inherent qualities of locomotive drivers necessary for train operation at higher speed. The present system of aptitude testing with introduction of multiple cut-off as an essential suitability criterion shall do well in screening suitable drivers for running trains at speed upto 160 km/h, but it may not be adequate enough to assess other attributes desirable for running trains at still higher speed, which becomes more complex and psychologically demanding. The purpose of this study has been to identify those safety critical attributes for selecting right kind of persons with requisite attributes and right aptitude which could enable them to comprehend technical skills well, respond to dynamic situations spontaneously and develop capability of perfecting proficiency in operation of trains at higher speed without compromising on safety. Rationality of introducing multiple cut-off, while assessing performance on different attributes and augmentation of assessment parameters related to personality, perceptual, cognitive and psychomotor abilities, besides effective implementation of psycho-intervention strategies and sustenance of essential attributes has been found to be of much relevance in ensuring better safety standards.

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

OBJECTIVES OF STUDY

The objectives of this study have been to

1. Analyse performance of experienced locomotive drivers on different attributes to establish better standards of suitability and introduction of multiple cut-off as an essential suitability criteria.
2. Evaluate present and future requirement of upgrading, modifying and augmenting assessment of attributes for high speed train operation, based on field studies so as to facilitate induction of more proficient drivers for maintaining high standards of safety and efficiency.
3. Assess the need of integrating intervention programmes for well-being of drivers and preservation of attributes essential for safe train operation, enabling them to endure strenuous and fatiguing driving at higher speed.

METHOD

Data related to performance of 1306 locomotive drivers on CADAT and their suitability was compiled for this study and analysis. It was followed by detailed field studies deputing 42 psychologists and traffic inspectors to footplate on faster trains, including New Delhi-Bhopal Shatabdi Express having speed of 150 kmph, running in different environmental and visibility conditions both during day and night to record their observation, and collecting response of 105 drivers and 58 supervisors on specifically designed questionnaire to assess the significance of job related attributes of high speed locomotive drivers. These attributes were rated by 105 drivers, 58 supervisors and 42 psychologist and traffic inspector on a five point “rating scale” ranging from “inevitable” to “not relevant”. The information so collected were analysed using statistical software SPSS to adjudge essentiality and criticality of the identified attributes for driving trains at speed in the range of 160 to 200 Kmph.

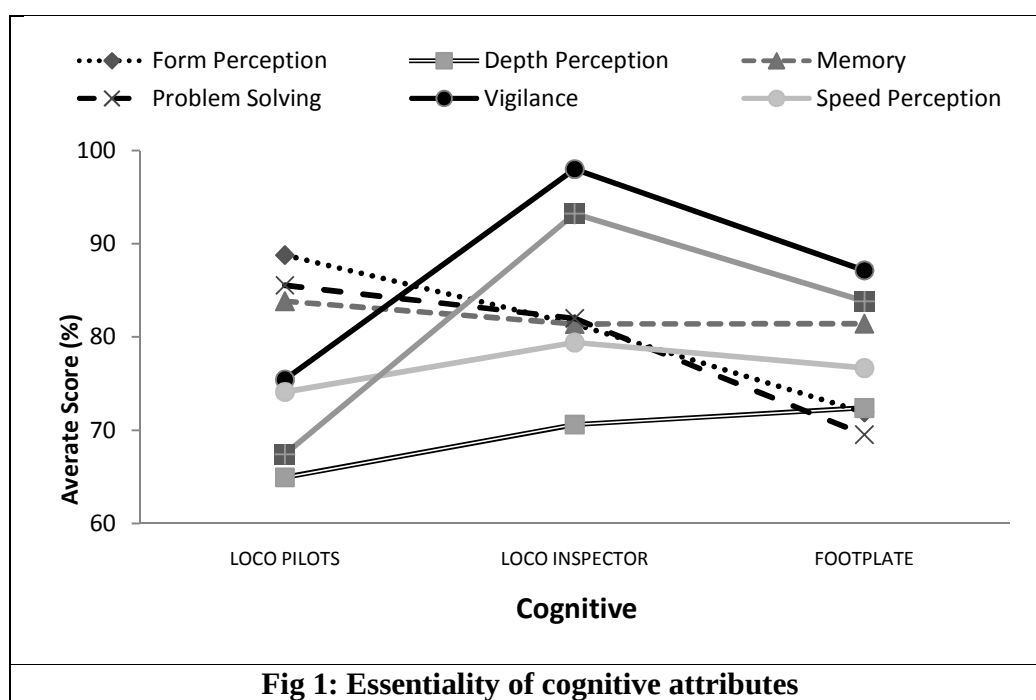
RESULT AND DISCUSSION

Analyses of the performance of 1306 locomotive drivers on the five selected attributes of CADAT revealed that with present suitability criteria of assessing their aggregate performance 87% locomotive drivers become suitable, which would decrease to 41% if the multiple cut-off is introduced as an essential suitability criterion. It would certainly be more stringent, but would help in screening only the most skilled locomotive drivers for high speed train operation. Further analysis indicated that had multiple cut-off been introduced, maximum unsuitability would have been on the attributes of Form Perception followed by Speed Perception, Reaction Time, Sustained Attention and Concentration in that order – all being crucial in high speed train operation. Analysis of unsuitability in different tests that measured different attributes further indicated that out of those found suitable on the basis of present selection criteria, 33.42% would have been unsuitable based on their performance on either of the five attributes, 20% would have

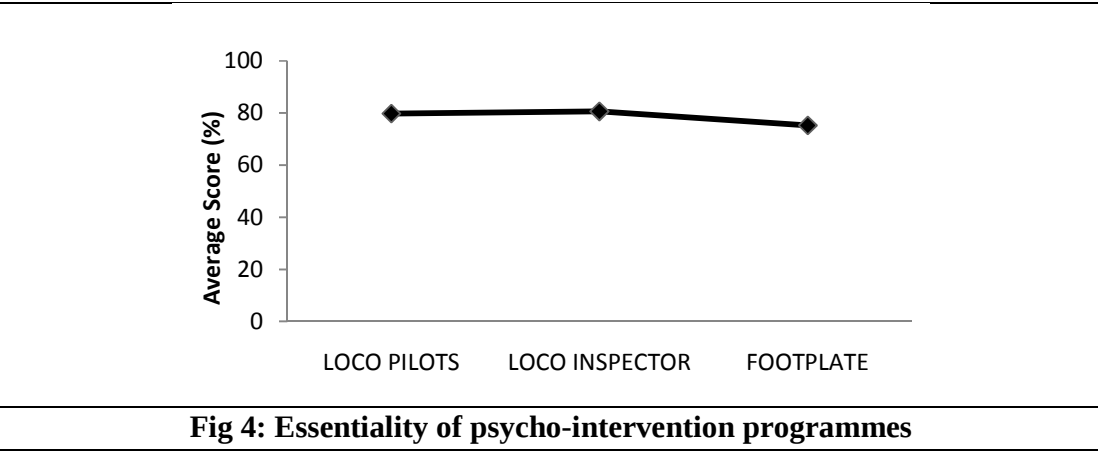
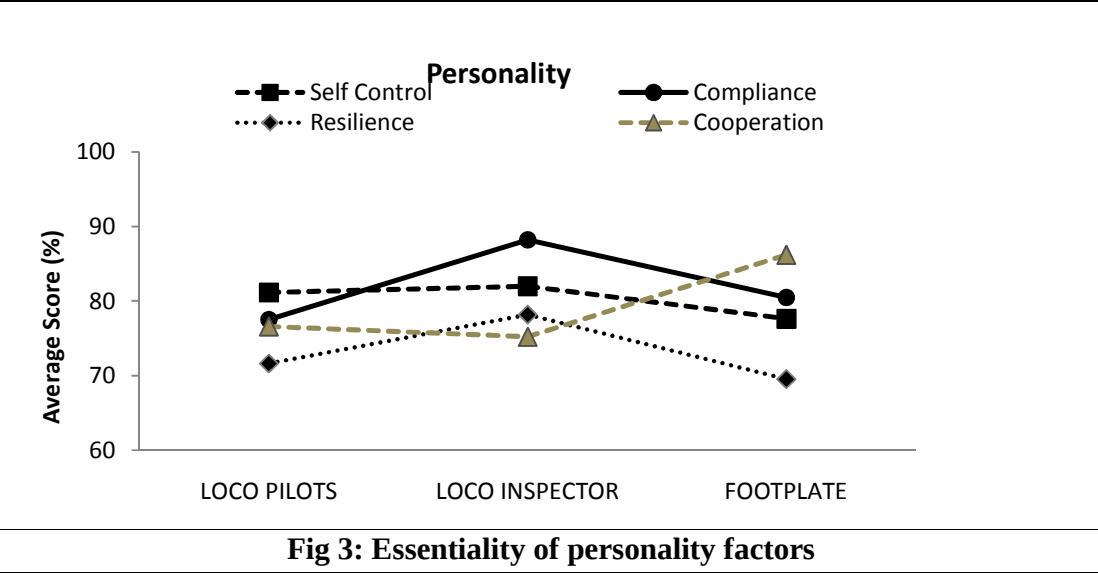
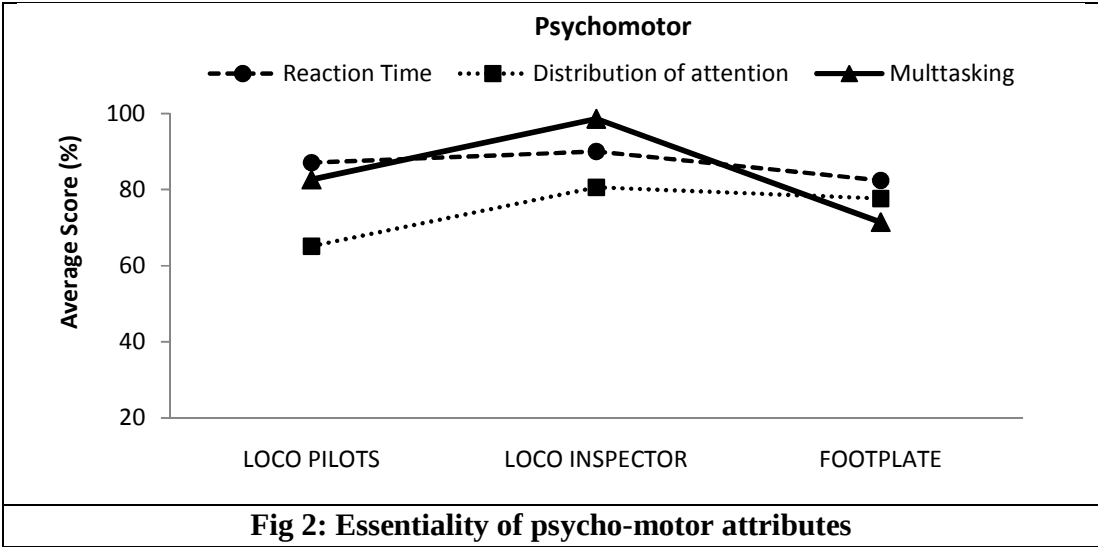
Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

been unsuitable on different combinations of two attributes and 4% on different combinations of three attributes.

The essentiality of assessing higher order cognitive, psycho-motor and behavioral attributes for high speed train operation was reviewed on the basis of field studies that depicted rating on various cognitive, psychomotor, personality attributes by locomotive drivers presently working faster trains, their supervisors and real time observation on footplate by the psychologists. This rating indicated that for running trains at higher speed of 200 Kmph and above, assessment of certain attributes would be very much essential. Average rating on various attributes by three separate groups of Loco pilots, Loco inspector/supervisors, and psychologists/ traffic inspectors is shown in Figure 1 to Figure 4. Analysis of their responses on rating scale revealed that among cognitive factors vigilance obtained the highest rating (86.21 %), followed by memory (82.21%), concentration (81.48 %), form perception (80.69 %), problem solving (79.02%), speed perception (76.72%) and depth perception (69.31%). Among psycho-motor ability reaction time (86.48%) acquired the highest score, followed by multi-modal reaction time (84.23%) and distribution of attention (74.45%). Scores on rating scale on personality dimension further divulged that compliance (82.07%) and self-control (80.25%) were rated exceedingly as compared to cooperation (79.32%) and resilience (73.11%).



Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways



Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

At higher speeds of train operation human reliability becomes more critical for ensuring safety and since the level of attention and alertness is required to be of the highest order, it becomes essential to ensure that the locomotive drivers possess requisite skills and abilities and are capable of their application by synchronising cognitive, psychomotor, behavioural and personality attributes with technological advancements for maintaining excellent safety standards. To satisfy this expectation it was observed that declaring locomotive drivers suitable on the basis of aggregate performance on five attributes despite their unsuitability in some of the cognitive and psychomotor parameters should not be considered appropriate method of assessment, because proficiency in one cognitive attribute does not compensate deficiency in another attribute. Analysis of the performance of locomotive drivers on different attributes and observation from the field studies indicated that assessment of identified attributes that are presently being used for screening shall be adequate for screening drivers for running trains at 160 Kmph subject to introduction of multiple cut-off as an essential suitability criterion, but the present system of assessing aggregate performance on five attributes will need to undergo progressive change with increase in speed.

Essentiality of attributes and proposed modification in aptitude testing

The distinctive qualities of locomotive drivers to remain alert, vigilant and able to respond quickly in dynamic situations of train driving at high speed need supplementation by the ability to learn technological knowledge, skills and promptness in applying them while on run, the possibility of which gets decided by good memory and spontaneity. Similarly, attentiveness on sustained basis and distribution of attention enable to perform specific job entrusted to them, which requires handling of cab equipments as and when required and responding to external environmental conditions simultaneously while on run for fairly long period. Prudence of judgement, based on different perceptive abilities, enable them in regulating the speed of trains they are driving. Effective integration of all these attributes eventually determines the overall performance of locomotive drivers in running high speed trains. In the present study following attributes emerged as essential for driving trains safely at higher speed:

1. Cognitive:

- Vigilance,
- speed perception,
- form perception,
- concentration,
- depth perception,
- memory,
- problem solving,

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

2. Psycho-motor:

- Reaction time,
- multi-modal reaction time,
- distribution of attention.

3. Personality:

- Self-control,
- compliance,
- resilience,
- cooperation.

Out of these 14 attributes vigilance, speed perception, form perception, concentration and complex reaction time are presently being assessed on CADAT. Beside these, other attributes which emerged as important for running trains safely at fairly high speed in the range of 200kmph also need to be assessed progressively along with the five attributes to ensure better safety performance as indicated in Table 3. The above psychometric assessment for screening of locomotive drivers would involve development of psychometric tests, their reliability and validity studies for standardization before they are put in use uniformly. Improving efficacy of the standardized psychometric assessment will be a continuous process.

In addition to psychometric assessment of attributes before their deployment on high speed trains, regular monitoring of the performance of locomotive drivers and reinforcement of organisational support system shall be inevitable for sustenance of aptness among them. Development of safety monitoring system for close observation of the performance of high speed locomotive drivers and timely assessment of the need to upgrade their technical skills, intervention programmes on regular basis for improving and sustaining efficiency shall be indispensable, taking into account certain prominent factors including

- meticulously crafted crew links and rationalization of duty hours
- rest hours and sufficient resting facilities for outstation rest
- taking due care of the effects of consecutive night duties and coping strategies
- reasonably decent working conditions, and
- measures for well-being and work-life balance enabling them to maintain good physical health and mental balance.

Consideration of these factors and concerted efforts to tackle pertinent issues pertaining to sleep deprivation, fatigue and stress shall be of immense help. Various studies including those conducted by this Directorate (RDSO Report 70.3, 1970; PT-08, 1999; PT-19, 2003) have identified various factors that play key roles in performance of locomotive drivers. Effective measures and strategies to mitigate fatigue and stress levels using psycho-assessment, psycho-

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

counselling and meditation exercises as a part of psycho-intervention programmes and motivational strategies, besides periodic medical check-ups would certainly have positive impact on enhancing their skills, acumen and overall performance as high speed train drivers.

The progressive changes in psychometric assessment will have to be supported by some other essential measures, because cognitive and psychomotor attributes and aptitude alone cannot equip the safety employees to perform safely while running high speed trains. These attributes, simply being the strings of mental framework, would essentially need strengthening by means of individual and organizational initiatives, some of them indicated below, that would prove helpful in keeping them in good mental health, which in turn would facilitate cognitive processing, situational awareness and quicker response, enabling them to drive trains at higher speed more safely and efficiently.

- Technical equipments and aids to facilitate their action in response to various dynamic stimuli encountered by them while on run, besides acquaintance with technological advancements,
- Appropriate training on simulators and adequate driving experience in real life situations for development of expertise and automaticity,
- Motivational strategies and strengthening of grievance redressal machinery in congenial ambience,
- Counselling programmes at regular intervals for inculcating importance of physical, mental and spiritual health among them for mental and physical fitness.
- Psycho-assessment and inputs of psycho-intervention programmes as a part of regular physical and mental check-ups at defined intervals for their well-being and sustenance of requisite cognitive attributes.

Integration of all these aspects is an absolute necessity as the locomotive drivers need to interact with various auditory and visual stimuli with an ability of quick differentiation and discrimination for processing and organizing appropriate sequence of activities, many of them being simultaneous, before taking prudent decisions as per the safety provisions laid down in stipulated rules and procedures – all requiring fitness of their mental faculty (RDSO Report, PT 81.1, 1981; PT-19, 2003; PT-08, 1999).

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

Table 3: Action to be taken for selection of proficient Loco Pilots and sustenance of their abilities

Assessment of attributes for screening Loco Pilots for high speed train operation			Enhancement and sustenance of skills, abilities and expertise		
Cognitive abilities	Psychomotor abilities	Personality	Performance monitoring system**	Skill enhancement Programmes	Intervention programmes ***
1. Vigilance 2. Speed perception 3. Form perception 4. Concentration 5. Depth Perception* 6. Memory* 7. Problem Solving*	1. Reaction Time 2. Multi tasking* 3. Distribution of attention*	1. Self control* 2. Compliance* 3. Resilience* 4. Cooperation*	As an essential part of integrated safety management system	1. Technical skill 2. Training	1. Periodic medical incorporating the elements related to sleep deprivation, fatigue and stress. 2. Strategies for mitigating fatigue and stress. 3. Psycho-intervention 4. Well-being
*	need introduction.				
**	need reinforcement.				
***	need to be taken special care to facilitate synchronisation and professional adaptability with technological advancements.				

Based on the above and taking into consideration psycho-technical perspective of inducting only those locomotive drivers who are equipped with requisite abilities for safe operation of trains at fairly high speed of 160 Kmph to 200 Kmph and above on Indian Railways, an schematic working model has been depicted below which attempts to illustrate selection of experienced locomotive drivers for high speed train operation in future. This model envisages the findings from the study conducted by this Directorate (Report No. PT-39, 2014) that the locomotive drivers in the age group of 35-50 years who had joined as ALP through direct recruitment process of RRB with ITI/Graduate/Diploma/Degree as their education qualification,

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

and had working experience of 10-15 years performed the best, not only on psychometric assessments, but also in the field. Since educational qualifications of ITI, Diploma and Degree, preferably in electrical and mechanical streams, help in better appreciation of technological advancement for running high speed trains, it may be reasonably appropriate to consider these educational backgrounds as the basic eligibility condition in the recruitment of ALPs through direct recruitment process. Moreover, in this study the impact of biological age, working experience, education and selection process revealed certain characteristic decline in cognitive and psychomotor abilities indicating that relatively younger and educated locomotive drivers with 10 to 15 years of experience selected through direct recruitment process may be more suitable for safe and efficient operation of trains at higher speed.

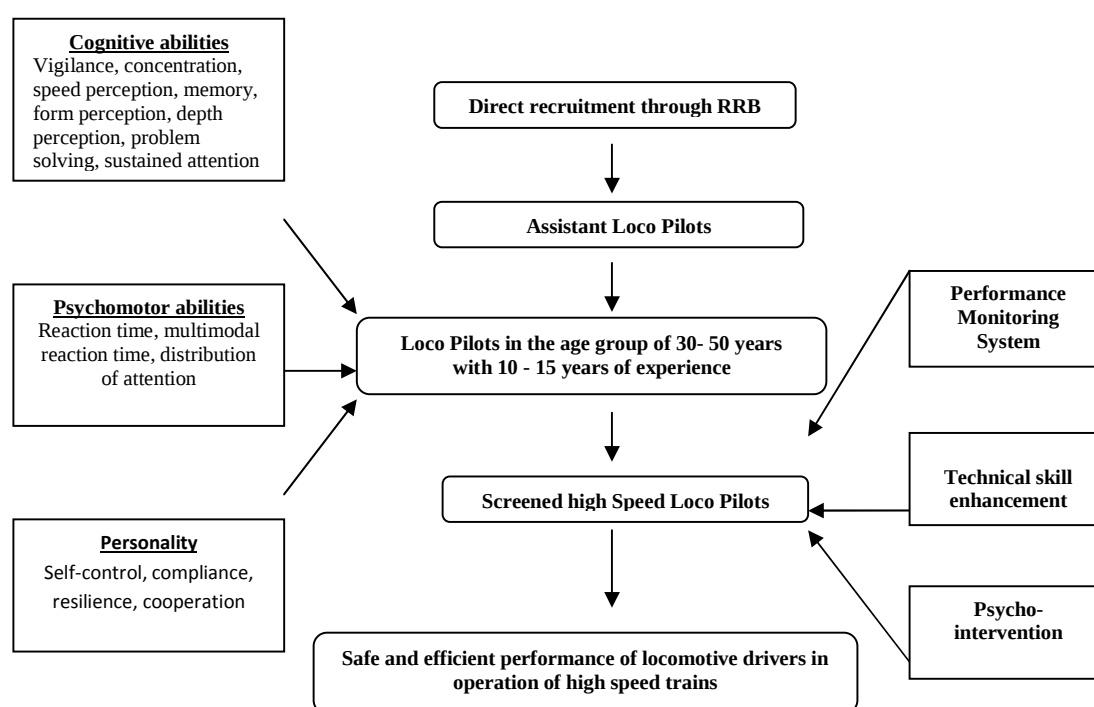


Fig 4: Futuristic model for screening high speed train drivers on Indian Railways.

CONCLUSION

High speed train operation entails the necessity of selecting the most competent, professionally sound and mentally responsive locomotive drivers for ensuring safety at higher speed. This is so because the job of high speed locomotive driver is different as compared to those responsible for running other passenger carrying trains. Since every psychometric attribute is equally vital and holds equal importance, it is not wise to assess the abilities of drivers and their suitability simply on the basis of aggregate performance. Introduction of multiple cut-off as an essential selection criterion would ensure scientific screening and those found suitable would be of better quality for

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

high speed train operation. Moreover, field studies indicate that increasing speed of trains in the range of 200 Kmph and above in future would require amendments and adjustments in the existing test battery including modification of the existing tests, augmentation of some new ones for assessing desired attributes and introduction of intervention programmes at specified intervals. Assessment of attributes and appropriateness in their application shall be crucial for adjudging suitability of locomotive drivers for safer operation of trains at such a high speed. The primary purpose of psychometric assessment is to evaluate requisite attributes of the locomotive drivers, related to their skills and abilities, which is predictive of their competence to make appropriate judgment and decisions while driving trains at higher speed. Taking into consideration the role of locomotive drivers in train operation it is to be appreciated that they, being the human beings, have own limits and remain susceptible to human fallacies that may have serious repercussion on their performance. The conventional concept that in man-machine system of Railway working the human operators, entrusted to perform specific jobs involving close interactions with machines would be capable of dealing with them, shall adapt to operate any system, even if it is not adequately designed needs to be radically changed. It is of paramount importance that the locomotive drivers likely to be selected as key human operators for operating dynamic and safety critical system should be assessed for their limitations and deficiencies in job specific abilities using standardised and scientific assessment through psychometric testing prior to their deployment on high speed trains. Understanding human behavior and their limitations is essential and the role of assessing attributes is equally essential after the recruitment process in overall interest of an organization.

REFERENCES

- A study on motivational level of NFR drivers, 2003; *Psycho-Technical Directorate, RDSO, Study Report No. PT-19, 2003.*
- A study of disregard of two or more consecutive signals on Indian Railways, 1970; *Psycho-Technical Directorate, RDSO, Study Report No. 70.3, 1970.*
- Analysis of crew alertness and remedial measures. *Psycho-Technical Directorate, RDSO, Study Report No. PT-38, 2014.*
- An analytic study of ALPs involved in SPAD. *Psycho-Technical Directorate, RDSO, Study Report No. [PT 36, 2012.](#)*
- Causes and control of stress, 1999; *Psycho-Technical Directorate, RDSO, Study Report No. PT-08, 1999.*
- Contemporary analysis of aptitude testing and future perspective for screening Loco Pilots to run high speed trains. *Psycho-Technical Directorate, RDSO, Study Report No. PT-39, 2014.*
- Effect of age on vigilance capacity of steam locomotive drivers: an experimental study, 1969; *Psycho-Technical Directorate, RDSO, Study Report No. 69.5, 1969.*
- Effect of punishments on the motivation and morale of operating staff - A psychological study, 1981; *Psycho-Technical Directorate, RDSO, Study Report No. 81.1, 1981.*

Future Perspective of Psychometric Assessment in Screening of Locomotive Drivers for High Speed Train Operation on Indian Railways

- Follow up study on job performance of the drivers tested on high speed driver's test battery, 2006; *Psycho-Technical Directorate, RDSO, Study Report No. PT-29*, 2006.
- Makishita, H., & Matsunaga, K. (2008). Differences of drivers' reactions times according to age and mental workload. *Accident Analysis and Prevention*, 40, 567-575.
- National institute of occupational safety and health, (2005) Older drivers in the workplace: Crash prevention for employers and workers. Public dissemination, *National Institute for occupational Safety and health (NIOSH)*, 4676, Columbus Ohio, USA.
- Popkin, S. M., Morrow, S. L., Di Domenico, T. E., & Howarth, H. D. (2008). Age is more than just a number: Implications for an aging workforce in the US transportation sector. *Applied Ergonomics*, 39, 542-549.
- Taylor, J.L., O'Hara, R., Mumenthaler, M.S., Rosen, A.C., Yesavage, J.A. (2005). Cognitive Ability, Expertise, and Age Differences in Following Air-Traffic Control Instructions. *Psychology & Aging*, 20(1), 117-133.
- Verhaegen, P. and T. A. Salthouse (1997). Meta-Analyses of Age-Cognition Relations in Adulthood. Estimates of Linear and Nonlinear Age Effects and Structural Models. *Psychological Bulletin*, 122(3), 231-249.
- Yeomans., L. (2010). An update on the literature on age and employment. *Health and Safety Laboratory*.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Dr. Nageswara Rao Ambati¹

ABSTRACT:

This study attempts to understand social and educational experiences of students with disabilities in institutions of higher education and is exploratory in nature. To understand the educational experiences of these students, it is not enough to know only the availability of services and resources. It is also necessary to understand the students personally, and the circumstances in which they live. To answer the research questions posed in this study, the researcher has used mixed methods and three universities were selected through purposive sampling in so as to gain maximum diverse variation. For this study, in-depth interviews were conducted with hundred students with disabilities in selected universities in Andhra Pradesh, India. In this study, quantitative and qualitative data analyses were used and in most cases quotes of real text for each theme were maintained and used extensively. The findings of the study show the students were very categorical about their special needs in order to achieve their goals. A greater understanding has been gained regarding coping strategies adopted by them to manage their higher education needs. Based on findings of the study the researcher has brought out the factors which influence the creation of an inclusive environment in institutions of higher education.

Keywords: *Students with disabilities, Higher education, coping strategies, Challenges*

People with disabilities form a significant part of the world population. The exact numbers are hard to discern due to suspected underreporting and differences in the definition of disability between countries, and cultures (Yeo and Moore, 2003). It is estimated that approximately 650 million people of global population, or ten per cent of the total population, live with disability. The experience of people with disability varies depending on their personal circumstances, availability of resources and other external factors. Similarly, students with disabilities represent an emerging population in higher education institutions, whose perceptions and experiences of higher education are ultimately shaped by their socio-cultural experiences, the existing of environment, and the availability of specific facilities, required by them. Despite notable progress in legislations and policies for these students in higher education institutions, many of them still face various challenges in completing their studies successfully. An attempt has been made here to present some aspects of their academic life.

¹Assistant Professor of Sociology, Gujarat National Law University, Attalika Avenue, Knowledge Corridor, Koba, Gandhinagar, India

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Achieving success in higher education institutions for these students, not only require an ability to manage academic challenges but also challenges, faced due to their impairments. To manage the academic and social demands of higher education at the university level, students need to understand their disabilities, develop effective coping strategies to manage their condition, accept their strengths and limitations, have awareness about policies and support available, and have access to, and seek, support services, when needed on and off campus. Unfortunately it was also found that there is a dearth of research studies in the Indian context. This study aims to explore factors or barriers which affect the social and educational experience of students with disabilities in higher education institutions in Andhra Pradesh, India.

BACKGROUND OF THE STUDY

Since education is viewed as an instrument of social change, social mobility, equality and integration, the political elite, social reformers and intellectuals do think and advocate that, along with other marginal sections of the society, persons with disabilities need to be given access to education, even if it means giving special privileges (Chanana, 1993). In order to achieve this aim, the Government of India has enacted three legislations for persons with disabilities. Among them, Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 is an important legislation. It is also meant to provide education, employment, creation of barrier free environment, social security, etc. (See Disability India Network). The Act also states that free and compulsory education has to be provided to all children with disabilities up to the minimum age of 18 years.

All these policies brought about significant changes to provide more educational opportunities to children with disabilities at regular schools, as well as in the enrolment of students with disabilities in higher education institutions. More number of students with disabilities now chooses to attend institutions of higher education due to accessibility laws, legislation support, disability advocacy groups, and developments in technology (Hirschorn, 1992). Consequently, policy and provisions for students with disabilities have taken place within different educational structures and systems. For instance, in India, the Action Plan for Inclusive Education of Children and Youth with Disabilities (IECYD), 2005 has put emphasis on higher education for students with disabilities.

Further, universities have begun to extend the provision of support services to ensure their active participation and success. The UGC, on its part, is committed to implement higher education related guidelines and schemes as per the provisions of the PWD Act and the directions issued by the Government of India from time to time (See Extracts from the XI Plan UGC Guidelines on Grants to Universities). Thus, the universities and colleges are encouraged to procure such devices including computers with screen reading soft-wares, low-vision aids, scanners, readers and scribes for visually challenged students, mobility devices etc. With all these policies and provisional support services of the government of India, the University Grants Commission aims at providing equal educational opportunities to student with disabilities and ensuring their full

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

participation in higher education institutions. Although various steps have been taken in order to improve the higher educational opportunities for students with disabilities, there are very few explicit signs of progress. According to University Grants Commission (UGC), 6 per cent of the youth population is enrolled in Indian universities and colleges. Based on the most conservative estimates for the disabled youth population in India, approximately at least 3,160,000 disabled youth should be in the Indian universities and colleges. However, just 1.2 per cent of the 3.6 lakh disabled youth are in the universities and colleges. It can be concluded that higher educational system in India is not accessible to 98.8 per cent of its disabled youth. Similarly, a survey conducted by National Centre for Promotion of Employment for Disabled People (NCPEDP, 2005) shows that only 0.1 per cent (male 0.07 per cent, female 0.03 per cent) of the total number of students in 52 universities were those with disabilities. Although 3 per cent seats are reserved for the students with disabilities; this indicates that these students are not able to reach the higher levels of education. This study concludes that most of the institutions obviously did not understand the issue of access and were under the impression that all the places were accessible to all present and future students with disabilities. But there is a dearth of research focused on this area specifically in the Indian context. Therefore, the current study aims to explore the educational experiences of students with disabilities in higher education institutions in Andhra Pradesh.

REVIEW OF LITERATURE

In general, personal factors are those that are individual to each student and may include self-determination skills, self-efficacy, and self-esteem and the way they (SWDs) experience symptoms of a disability. Self-determination is an important construct for the general population but it is especially important for the students with disabilities who have enrolled in higher education institutions. For Ward (1988), the word self-determination includes actions such as setting goals, identifying steps necessary to achieve the goals, and overcoming various barriers to goal attainment. In additions, the definition also includes key components such as choice-making, decision-making, problem-solving, and goal- setting and attainment. These kinds of skills must be taught to these students who are enrolled in higher education institutions for the improvement of their living conditions.

Similarly, a qualitative study was conducted by Barron (2001) show that those who had more autonomy had more social skills and exposure to the society than those who did not have autonomy. The author points out that due to lack of social skills and self-determination in those students, opportunities to make and fulfill the choices of their life are denied. In addition to disclosing about the special requirements, one also needs to understand the factors which might improve the educational and social experiences of students with disabilities in higher education institutions (Jacklin, Robinson, and Harris, 2007). Similarly, self-advocacy and appropriate disclosure are ultimately responsible for management of higher education successfully for students with disability. To understand the role of self-advocacy and appropriate disclosure in

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

coping with experiences of students with disabilities, including physical barriers in the environment, and support barriers, a study was contributed by Adrienne (2006). The author notes that, if accommodation was needed within a college setting, a student was required to disclose the disability and related needs, but multiple dilemmas arose for the students as when to disclose, how to disclose, how much to disclose and whom to disclose. The author found that disability of students increased the perception that they were devalued and stigmatised, and sometimes they felt concerned about negative results of disclosing their disability. The researcher has suggested that, in order to resolve this problem, higher education institutions need to encourage the students with disabilities to disclose their disability.

Similarly, Nunkoosing and John (1997) study revealed that friendship was facilitated by mutuality and acceptance, whereas poverty, limited transport and absence of physical and emotional support prevented the development of friendship and lead to the experience of loneliness. It also found that participants managed their experiences of rejection and loneliness through the development of various coping strategies such as self-advocacy skills and positive self-image. Further, it is important to understand the impact of social support, relations, and friendships of these students on their educational success, failures and stress in educational institutions and students' perceived social support, stress and sense of coherence. The study by Heiman's (2006) reveals that the perception of lower social support of the learning disability group highlights the importance of the social setting in supporting and helping students with learning disability to successfully adjust to higher education.

The studies have elaborated on the importance of social factors and their impact on educational experiences of students with disabilities in higher education institutions. The activities or interactions between a student and the campus environment facilitate developmental changes that imply either successful or unsuccessful integration, and adaptation and adjustment to the social and academic aspects of college life. The review of the studies such as Nunkoosing and John (1997), Hoy *et al*, (1997), Cosden and McNamara (1997) stresses the importance of social support, social relations, and friendships for a successful adjustment to higher education. It is surprising to note that many of the studies in this section focused on learning disability. The researcher could not find many studies on social experiences of students with disabilities in higher education institutions. Further, it is interesting to note that none of the studies explored how gender plays an important role in maintaining social and friendly relation, and how they are coping with their day-to-day activities. Similarly, much research needs to be done on family support received by students' with disabilities and its impact on their education.

RESEARCH QUESTIONS

- 1) What are the factors which promote or hinder the process of social and educational advancement of students with disabilities at higher educational levels?

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

2) What kind of strategies are the students using to cope their experiences in higher education institutions?

RESEARCH METHODOLOGY

The present study is exploratory in nature. To answer the research questions posed in this study, the researcher used a mixed method approach which is a procedure for collecting, analysing and mixing or integrating both quantitative and qualitative data at different stages of the research process within a single study. The study conducted in the State of Andhra Pradesh which has the higher number of academic institutions in India in terms of higher education and also enrolment. At present, it has a total number of 35 universities; of which three of them are central universities and 27 of them are state universities, and 5 are deemed universities.

For this study, the researcher has collected data from three universities in different parts of Andhra Pradesh. These three universities have different characteristics such as

- One is a Central and the other two are State universities. The Central and one of the State universities (a) have both a disability cell as well as a coordinator to look after the needs of students with disabilities in their respective universities whereas the second State University (b) has neither a disability cell nor a disability coordinator.
- Finally, the Central University has higher total enrolment and thus has greater number of students with disabilities, as compared to both the State universities.

In the second phase, after selecting the universities, the researcher interviewed all students with disabilities from each university by using snowball sampling. It was very difficult to get details about students with disabilities from the university management or disability office due to lack of data base regarding the number of students with disabilities enrolled. That is why the researcher used snowball sampling. Students' were interviewed with the help of semi-structured in-depth interview schedules. In all 100 students were included in this study (48 from Central University and 26 each from the State Universities (a and b)). For this study, quantitative and qualitative data analyses were used and in most cases quotes of real text for each theme were maintained and used extensively.

RESULTS AND DISCUSSION

Brief profile of the respondents:

For the study data was collected from 100 students with disabilities (66 per cent of them were male and 34 were female students). Out of them 72 per cent of the respondents were orthopedically impaired and 28 per cent were visually impaired. Representation of orthopedically impaired students is nearly more than 2 times higher than that of visually impaired students. The

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

researcher could not find students with other type of impairments during data collection time. The fact was that some of the students actually didn't want to disclose their disability. The researcher found that three students with hearing impairment (two from Central University and one from a State University (b)) did not disclose their nature of impairment at the time of admission. They wanted to be treated like any other student in the university. When the researcher asked them to be respondents in this study, they did not agree to do so and simply stated that didn't have any major problems related to their impairments at university.

Motivation to Pursue Higher Education

Students were asked questions regarding their motivation and interest to pursue higher education at the university level despite being students with disabilities and their previous diverse educational experiences. The researcher found that out of the many reasons reported by the respondents, there were significant commonalities that emerged. Many of the students in the current study had aspirations to build an independent life, by getting a proper job. Many students pursued higher education because they either saw it as an economic necessity to have better living conditions or a place to prove their self-worth. From the data gathered here, present employability conditions influenced their decision to go in for higher education. The following quotes illustrate the reasons for pursuing higher education at university level:

"I just wanted to have a better quality of life, but for that I need to have a good degree which would give me good job."

"If I do not have good qualifications it will not be possible to get anywhere in the present knowledge society."

"I want to become independent. I do not want to depend on others people's sympathy for my survival. I want to take care of my parents and fulfill their dreams."

"I decided to get a doctorate when I passed tenth standard with good results. I am interested in not only making a difference in this world, but also wanting to make this world a better place."

Some of the respondents stated that they did not want to go for work in clerical, or other fourth grade jobs. A few of them had already experienced bad working environment after completion of their degrees and realised that higher education would increase their chances for better employment opportunities and good working conditions.

Friendships and Social Relationships with their Peer Group

A person's life revolves around his/her network of social relationships which provide the person opportunities to develop valued social roles as friends and companions (Frith and Rapley, 1990). Yet, the overriding concerns of services for people with disabilities - access, autonomy and the development of independence. Disability organisations and other activists have been concerned with the rights of persons with disabilities than with friendships and relationships. In this study,

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

the researcher made efforts in understanding social relations and friendships of students with disabilities which create interdependence among communities and mutual support for them.

For making new friends and developing new relations, students require the ability to share in a deeper level with others and should have a good intimacy with each other. In this study, respondents were able to make new friends. Sixty four per cent of them reported that they are able to make new friends and have become very close. They believed that their friends could provide good strength whenever they would need any kind of support. In contrast, 36 per cent of them find making and developing friendships as challenging, depending on the nature of their personality and disability. Social life and friendships for these students could be potentially very different from students without disabilities. As many of them were sensitive about others findings out about their disability and ridiculing them, sometimes these students were introvert and had difficulty making and maintaining friendships and other social relations. They expressed wide range of reasons affecting and making their new friendships and social life.

“I have good number of friends not only in my class as well as in hostel, but also on the entire campus. Especially, my roommates and friends are very understanding and supportive.”

“I am used to go outside with my friends. They do not treat me as different from others. The fact is that I will not give them a chance to think that I am a person with a disability. We are used to go for shopping, cinemas and having dinner outside all together while returning.”

“Here, I am able to make new friends who are very cooperative. Today I am able to study well just because of their cooperation and help. During exam times, they read for me.”

“Deepika is my best and close friend. We are friends from childhood. Wherever we would be going out, we go together. Even though I have only a few friends, at no time do I feel lonely since I have my friend with me.”

“I enjoyed most of my social life and spent time only with my friends. They are very supportive and cooperative.”

The results reveal that the respondents shared many of the same concerns and priorities as the college students without disabilities. A study by Cosden and McNamara (1997) also indicates that students with disabilities do not have problems with their social skills or in their relationships. It is possible that students with disabilities who have stronger social relationships are more successful in education and are more likely to attend college. However, it is also possible that these results are associated with the students' opportunities to develop social supports through campus programmes. Further, in the current study, it was apparent from the students' comments that many friendships were based on mutuality and reciprocity. Respondents had the capacity to develop friendships where there are mutual exchanges concerning understanding their needs, emotional support and practical assistance.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Despite the positive aspects of making friendships and relationships, thirty six per cent of the students found developing and maintaining friendships to be more challenging. Some of them did not feel comfortable while interacting with new people. They had more difficulty making friends while also dealing with manifestations of their disability and tended to be more isolated. Some students with visual impairments lacked time to spend with friends or to make new relationships. Because just focusing on the academic activities at the university was somewhat overwhelming. They had little time to be participants in student organisations, cultural activities, socialise in the student groups or attend several events at the university. They felt that they failed to get the overall university educational experience. Further, they believed that they need to put in more hard work to get good academic qualifications for good employment opportunities and also desire to be independent in their studies. The following statement is significant:

“Due to my visual impairment, I have to scan all material I get from my friends, teachers. If I want to be independent in my studies, I have to spend much time for scanning and editing the text. As a result, I have to lose most of the time. I am not able to spend time with my friends because I am not able to do things as they can do in case of studies. So I don’t spend time with friends. In simple words, I can say that I don’t have time to spend with my friends.”

Some of them are unable to maintain their friendship and are not happy with their social life due to their impairments. It was also found that attitudes of these students, as well as that of their peer group, also affect their social relations and friendships. They believed that after knowing their condition and impairment, their friends will not encourage these students to go with them outside. They also underlined the importance of accessibility and creating a friendly environment within the campus which could improve their social life much better. The students noted:

“I did not find any problem with making new friends, but I could not enjoy my friendship or social life with them. the best example is I got invitation a couple of times from my friends for going out or spending time in shopping complexes’ or canteens within the campus during the evenings. But my impairment doesn’t permit me to go and spend time with them. It is uncomfortable for me to go for shopping to purchase my basic requirements because I cannot access all places with my tricycle that time I have to go inside without any support on mud road or floor.”

It can be concluded from the narratives that majority of students were desirous to make new friends and maintain their relations and try to integrate socially in higher education institutions. However, it appears that some hindering factors, including their physical impairments, negative attitudes and lack of access and proper support for these students, create problems that are more significant and which affect their social experiences at higher education level.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Social Support

The word social support has been defined by many theorists in different contexts in various ways. A definition given by Cobb (1976) consists of three components of social support: feeling valued or esteemed, feeling loved and belonging to a social network. In general, social support is one that is received from family, friends, and significant others in the individual's life, in order to deal with the effects of a stressful event. Support can be of three types: sharing the emotional burden by listening and accepting; actively participating in solving the problems and contributing additional resources (Ayalon, 1993).

In this study, respondents underlined the importance of support received from family members, friends, and the ones whom they were close to, could be seen as instrumental in helping the individual deal with the issues including both personal and education matters. Majority of them shared their experiences about how their parents helped and contributed to their success before and after coming to higher education. The respondents believed that they received unconditional support from their family members. For some of them, their parents expressed the importance of education and its success in their life. They always got encouragement, guidelines on how to succeed in education and other related aspects. Some of them also stated that when they failed to attain their targets, the family was there to help them move forward. The following narratives represent this group of respondents.

Kavitha stated that although she had multiple sources of support, her parents were an important source of support to her in daily life. *"They have arranged a motor vehicle for me. Now I can go to class and come back to the hostel."* Jagan also had support from his father. He stated, *"My dad really helped me in each and every step of my academic career. He always supports my studies and gives me good guidance. Moreover, I got full freedom to choose my career of interest. He was like a friend and mentor."* Deepthi had support from her parents in multiple ways. They admitted her in a six months computer course in Bengaluru. In addition, they also arranged a computer system with speech software's and scanner. Raghu noted *"My parents always gave me moral support and encouragement. They always stand by me and push me to reach my targets."* Shalini stated *"I never thought I am a person with mobility impaired because my parents never allow me to think I cannot do anything. They always say that you can do whatever you dream of. They always say I should be independent and be of help to the other people in society."*

Similarly, the respondents also stressed the importance of support from peer group in their education. Support from classmates/roommates/other peers has been a form of encouragement to pursue higher education, physical assistance with carrying books, pushing wheelchair/tri-cycle, reading and recording material at the time of exams and getting books from the library. For example, Deepika stated that whenever she is with her friends, all her problems will get solved. She doesn't think about the problems. They solve her problems and divert her from them. Rani,

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

on the other hand, stated that her roommate is very helpful. She stated that when she approaches her for recording her material, she responds very positively. Similarly, Prathap indicated, *“My friends always help me in pushing the wheelchair while coming and going from classroom to rest-rooms and vice-versa.”* Santhi also stated that her friends are very helpful. Whenever she requires material for scanning, she approaches her friends for help for getting material. Whenever their friends find material from either the library or their own classmates they will collect and give it to her.

From the above narratives, it can be concluded that students received various types of support which includes: guidance, emotional support, encouragement, arranging support services, assistance with problem solving, financial and transportation assistance. It was also noticed that majority of female respondents of the study consciously sought support from either parents or friends. Further, it is also obvious that those who received more social support from their parents and peer group were those with severe disabilities including persons with total visual impairment and wheel chair users or mobility impaired students. Thus, it can be interpreted that the importance of family and friends' social support in their lives is held very high and helped them to continue their studies successfully.

Participation of Students with Disabilities in Extra-curricular activities

Extra-curricular activities are pursued by students that fall outside the dominion of the normal university curriculum. A study conducted by Gilman (2001) indicates that students who participated in extra-curricular activities have a more successful development both socially and academically. Similarly, a study conducted by Dyson (2002) indicated that participation of students with disabilities in extra-curricular activities strengthens their integration. These students can acquire the basic skills necessary to participate partially in sports, student unions, and social events and other cultural programmes. These programmes give students with disabilities the opportunity to work with students without disabilities in a positive environment where everyone can actively contribute in one way or the other.

In the current study 81 of the respondents had not actively participated in extra-curricular/social activities in their universities. This study revealed that students who participated in extra-curricular activities were only male students. Further, when participation of students was compared with the nature of impairment, it brought out that more number of students with orthopedically impairments participated when compared to students with visual impairments. Impairments, physical barriers, lack of social exposure, however, may hinder participation in some kinds of extra-curricular activities. Therefore, it can be concluded that participation in extra-curricular activities is not equally common for students across disability groups.

Further, the respondents of the study were asked “what kind of extracurricular activities have you been involved in other than academic activities since being enrolled in higher education?”

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Students with disabilities require more energy to engage in activities outside the classroom. However, the respondents involved in many of the extra cultural activities including involvement in student organizations, activities, cultural events may had a significant influence of their social experience at higher education. They are actively involved in campus student organization and enjoyed their responsibilities. They noted:

“Being a person with disability (both legs affected,) I contested for the chairmanship for my hostel committee and took the responsibility of handling problems encountered by students in the hostel. I enjoyed being the hostel chairman because I got to work with so many people and I received many compliments from both the management and the students.”

“I worked as a member in the student election commission. As a part of student election commission at the campus, I enjoyed and actively participated in the election commission. I took an important role as a member in election commission last year. It was a great experience.”

“I am working as the President of Disability Cell committee on behalf of students with disability for this academic year. As a part of this committee, I actively participated in several meetings with the disability coordinator, and university employees’ (Teaching and non-teaching persons with disabilities) and demanded our basic needs and rights.”

“I had actively participated in extra-curricular activities. I also participated several times in national level chess competitions. Last year, I played and got the fifth position in chess championship.”

A few of the respondents in this study were engaged in one or more extra-curricular activities. Several students joined as members of the committee so that they could be more involved with campus life and have opportunities that were more social. There were a majority of students with disabilities who did not participate in extra-curricular activities, but expressed an interest in participating in activities in the future. Further, it was also found that only 19 students who participated in extra-curricular activities were *male students with disabilities*. Many students expressed a concern about not being able to participate in extra-curricular activities. Overall, it is clear that those who participated were happy with their social life and the social experiences of learning in their universities helped them to make a good number of friends and actively participate in social and academic activities.

Similarly, a study conducted by Marsh and Kleitman (2002) revealed those students those who participated in extra-curricular activities were able to build and strengthen academic achievement. They also suggested that these activities should be well directed towards their development and should involve some physical and mental ability which is essential in their achievements. In this study, students’ narratives showed that some of them were actively involved in social activities with support from friends. It was observed that due to the severity of their impairments, specially students with visual impairments, cannot enjoy social life with their friends, and it was also found that they didn’t have much time to enjoy social activities due to

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

their impairments since they need to spend extra time for studies, if they wanted to be independent or to achieve their goal in academics.

Self – Advocacy

Students with disabilities face various barriers in pursuing higher education. The term ‘self-advocacy’ is defined in many ways, and institutions and researchers may disagree on the skills that should be included in self-advocacy programmes. A study conducted by Brinckerhoff (1994) suggests that the main components of self-advocacy are students knowing what she/he wants and to what she/he is legally entitled, and the ability of students with special needs to effectively achieve their goals. Effective self-advocacy requires that students understand their rights and responsibilities as students with disabilities in higher education institutions. In other words, they must assume responsibility for their educational experiences and for their impairments, learn about any available support services discussing their needs and issues with concerned people including university authorities, teachers and non-teaching staff. In this section, the researcher attempts to understand how far self-advocacy has contributed to a positive or negative social experience for students with disabilities within higher education institutions.

It is clear from Table 1 that students had more awareness about the Central and State government policies, and disabilities rights, as compared with existent disability cell/unit and disability coordinator at all the three universities. Thus, it can also be concluded from these findings that Central University students had significantly more awareness about the disability rights, existence of disability cell and coordinator than those in both the state universities. As we discussed in the methodology section, both Central and State University (a) had a disability cell and a coordinator, whereas in case of State University (b), it had neither a disability cell/unit nor a coordinator. Due to this reason, these students responded that either they didn’t have or no idea about the existence of disability cell/unit, as well as coordinator, in their respective university. Similarly, it can be seen from Table that, visually impaired students had more awareness than those orthopedically impaired about the disability rights, existence of a disability cell and a coordinator in their universities. This is perhaps due to the fact that the provisions of support services for visually impaired students are more as compared with orthopedically impaired students in higher education institutions as per UGC rules. Thus, they should have an idea about concerned authorities and also have to frequently meet them in order to get support services including reader and scribe allowances, fees refund, arranging scribes and also for other technical assistive devices. Similarly, when we looked at the students awareness by gender, it is also noticed that majority of female students had significantly more awareness about the government schemes and scholarships, existence of disability cell and coordinator in their respective universities, as compared with male students.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Table 1: Students awareness by Nature of Impairment, Gender and Type of the University Disclosing their need with concerned Authority and Teachers

Research studies have found that most of the higher education institutions have formulated disability policies and established disabled support services for students with disabilities. But results of the study shows that still there is a larger gap between policy and practice (Riddell, Tinklin and Wilson, 2005; and Howell's, 2005). It also shows that students with disabilities are struggling to receive ad hoc support in higher education institutions. In this context, the researcher was interested to find out whether students with disabilities informed the concerned authorities and the teachers about their needs and problems.

It can be seen from Table 2, that only 15 per cent of students informed the concerned authority and 16 per cent of them informed their course teacher about their problems and needs in their respective universities. Similarly, when we looked at students informing the concerned authorities by the nature of impairments, it was clear that more number of students with visually impairments informed the concerned authorities compared to orthopedically impaired students. Similarly, it was also found that only students with visual impairments informed the course teacher about their problems and needs at their universities. It can be concluded from the Table that significantly more visually impaired students informed the course teachers regarding their problems and needs in the classroom. This is perhaps due to the fact that needs of students with visual impairments are entirely different than these of orthopedically impaired students. Thus, they required more support services as compared to orthopedically impaired students in higher education institutions. They have unique educational needs. In order to meet their unique needs, these students must have specialised equipment and technology and services, books and materials in Braille to assure equal access to the curriculum and to enable them to participate equally along with their peer groups in higher education. Thus these students have to meet the concerned higher authorities, teachers frequently and discuss their requirements including study material, extra time during exams time, reader and scribe allowances, fees refund, arranging scribes and also for technical assistive devices. Similarly, when students informed the concerned authorities and teachers, it was found that female students were more informed about their needs compared to their male counterparts.

Finally, it is clear from Table 2 that Central University students were significantly more in informing the concerned authorities and teachers about their problems and needs than State University students. It also shows that none of the students from State University (b) informed the concerned authority about their needs and problems at their university. The fact is that students from State University (b) neither had a disability cell/unit nor disability coordinator to discuss their issues at their university. Therefore, it can be concluded that students who had a disability cell/unit and a coordinator, have an opportunity to discuss their needs in order to get support services to enable them to pursue their studies successfully. It can also be concluded that

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

more number of students from Central University informed the concerned authorities and teachers about their special needs and problems. Similarly, it is obvious that students with visual impairments were more in frequent contact with the administrative authorities and teachers to discuss their unique needs and most of them were female students. Similarly, research study conducted by Braithwaite (1991) also points out that students disclosed their disabilities to the teachers in order to receive necessary facilities in the classroom such as getting extra time during examination, teaching aids, and learning resources. But all these factors are based on the assumptions that the disclosure is purely voluntary in nature for them.

CONCLUSION

The data from this study provided a greater understanding has been gained regarding coping strategies adopted by them to manage their higher education experiences. Similarly, those students who informed/or disclosed their disabilities and special needs to their teachers and higher authorities, benefited more by getting their requirements fulfilled such as reservations, rights and special provisions, support services, extra time during exams time, reader and scribe allowances, and also various support services. The important point is that students who actively participated in various extra-curricular activities developed higher social skills as well as achieved more success in academics than those who did not. Their active participation in sports, student unions, social events and other cultural programmes has significant by influenced their social experience in higher education and strengthened their integration. Overall, the respondents in this study faced various problems in pursuit and participation in higher education. However, they received support from various sources such as university, family, friends, teachers and some of them were persistent in their special needs in order to meet actively participate and achieve their goals.

REFERENCES

- Adrianne L., Johson M.S., NCC, LAC 2006. Students with Disabilities in Post Secondary Education: Barriers to Success and Implications for professionals, VISTAS, 2006
- Ayalon, O. 1993. Posttraumatic stress recovery of terrorist survivors. In J. P. Wilson and B. Raphael (Eds), International Handbook of traumatic stress syndromes (pp. 855-866). New York: Plenum Press.
- Barron, K. 2001. Autonomy in everyday life, for whom? Disability and Society, Vol. 16, No. 3, pp: 431- 447.
- Braithwaite, 1991. Just how much did that wheel chair cost? Management of privacy boundaries by persons with disabilities. In Brak, L.,(2010). Accommodation strategies of college students with disabilities. The Qualitative Report, Vol 15, No. 2.
- Chanana, Karuna 1993. "Accessing Higher Education: The Dilemma of Schooling Women, Minorities, Scheduled Castes and Scheduled Tribes in Contemporary India." Higher Education, 26, pp: 69-92.
- Cosden. A and McNamara, Joanne 1997. Self-Concept and Perceived Social Support among College Students with and without Learning Disabilities, Learning Disability Quarterly, Vol. 20, No. 1 (Winter, 1997), pp. 2-12.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

- Dyson, D. 2002. Utilizing Available Resource at the Local Level. In Adeyemo, S 2010. The relationship between students participation in school based extra-curricular activities and their achievement in physics. *International Journal of Science and Techonology Education Research*. Vol. 1 (6), pp.111-117.
- Frith H, Rapley M 1990. *From Acquaintance to Friendship: issues for people with Learning Disabilities*. Kidderminster: BIMH Publications
- Heiman, T. 2006. Social Support Networks, Stress, Sense of Coherence and Academic Success of University Students with Learning Disabilities. *Social Psychological of Education*, Vol. 9, pp: 461-478
- Hoy.C, Gregg.N, Wisenbaker.J, Manglitz.E, King.M, Moreland.C 1997. Depression and Anxiety in Two Groups of Adults with Learning Disabilities, *Learning Disability Quarterly*, Vol. 20, No. 4 (Autumn, 1997), pp. 280-291
- Howell, 2005. 'Higher Education Monitor', South African Higher Education response to Students with Disabilities, Equity of Access and Opportunity, University of the Western Cape', Council of Higher Education, No.3, September, 2005.
- IECYD, 2005. Action Plan for Inclusive Education of Children and Youth with Disabilities, 2005
- Jacklin. A, Robin. C, and Harris. A 2007. Improving the Experiences of Disabled Students in Higher Education, The Higher Education Academy, University of Sussex, 2007.
- Marsh HW, Kleitman S 2002. Extracurricular activities: The good, the bad, and the nonlinear. *Harvard Educational Review*, 72,464-512, NCPEDP Survey (2004)
- Nunkoosing. K. and John. M 1997. Friendships, relationships and the management of rejection and loneliness by people with learning disabilities, *Journal of Intellectual Disabilities*, 1997; 1; 10
- Riddell, S., T. Tinklin and A. Wilson 2005. New Labour, social justice and disabled students in higher education. *British Educational Research Journal*, Vol. 31, No. 5: 623-43.
- Yeo, R., & Moore, K. 2003. Including disabled people in poverty reduction work: "Nothing about us, without us". *World Development*, 31 (3), 571-590.

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Table 1: Students awareness by Nature of Impairment, Gender and Type of the University

Variables		Students awareness															
		Central govt schemes			Tot al	Disability Rights			Tot al	Disability Cell/Unit			Tot al	Coordinator			Tot al
		Y es (5 7)	N o (4 3)	N o id ea (6)		Y es (7 3)	N o (2 7)	N o id ea (6)		Y es (3 1)	N o (4 2)	N o id ea (2 7)		Y es (4 5)	N o (4 9)	N o id ea (6)	
Impairment	O I	42 (5 8)	30 (4 2)	-	72 (10 0)	50 (7 0)	22 (3 0)	-	72 (10 0)	18 (2 5)	35 (4 9)	19 (2 6)	72 (10 0)	30 (4 2)	37 (5 1)	5 (7)	72 (10 0)
	V I	15 (5 4)	13 (4 6)	-	28 (10 0)	23 (8 2)	5 (1 8)	-	28 (10 0)	13 (4 6)	7 (2 5)	8 (2 9)	28 (10 0)	15 (5 4)	12 (4 3)	1 (3)	28 (10 0)
Gender	Mal e	37 (5 6)	29 (4 4)	-	66 (10 0)	49 (7 4)	17 (2 6)	-	66 (10 0)	14 (2 1)	30 (4 6)	22 (3 3)	66 (10 0)	24 (3 6)	38 (5 8)	4 (6)	66 (10 0)
	Fem ale	20 (5 8)	14 (4 2)	-	34 (10 0)	24 (7 1)	10 (2 9)	-	34 (10 0)	17 (5 0)	12 (3 5)	5 (1 5)	34 (10 0)	21 (6 2)	11 (3 2)	2 (6)	34 (10 0)
Type of the University	CU	24 (5 0)	24 (5 0)	-	48 (10 0)	36 (7 5)	12 (2 5)	-	48 (10 0)	24 (5 0)	10 (2 1)	14 (2 9)	48 (10 0)	30 (6 3)	18 (3 7)	-	48 (10 0)
	SU (a)	14 (5 4)	12 (4 6)	-	26 (10 0)	17 (6 5)	9 (3 5)	-	26 (10 0)	7 (2 7)	14 (5 4)	5 (1 9)	26 (10 0)	15 (5 8)	10 (3 8)	1 (4)	26 (10 0)
	SU (b)	19 (7 3)	7 (2 7)	-	26 (10 0)	20 (7 7)	6 (3 3)	-	26 (10 0)	-	18 (6 9)	8 (3 1)	26 (10 0)	-	21 (8 1)	5 (1 9)	26 (10 0)

(Note: The figures in the parenthesis are percentages)

Coping Strategies Used By Students with Disabilities in Managing Social and Higher Educational Experiences

Table: 2 Percentage of Students who informed the concerned Authority and Teachers' by Impairment, Gender & University

Variables		Informing course Authority		Total (100)	Informing course Teacher		Total (100)
		Yes (15)	No (85)		Yes (16)	No (84)	
Nature of Impairment	Orthopedic impairments	4 (6)	68 (94)	72 (100)	-	72 (100)	72 (100)
	Visual impairments	11 (39)	17 (61)	28 (100)	16 (57)	12 (43)	28 (100)
Gender	Male	9 (14)	57 (86)	66 (100)	10 (15)	56 (85)	66 (100)
	Female	6 (18)	28 (82)	34 (100)	6 (18)	28 (82)	34 (100)
Type of the University	Central University	14 (29)	34 (71)	48 (100)	12 (25)	36 (75)	48 (100)
	State University (a)	1 (4)	25 (96)	26 (100)	1 (4)	25 (96)	26 (100)
	State University (b)	-	26 (100)	26 (100)	3 (12)	22 (88)	26 (100)

(Note: The figures in the parenthesis are percentages)

Hypnotherapy and the Bhagavad Gita

Shaunak A. Ajinkya¹, Deepali S. Ajinkya², Gurvinder Kalra³

ABSTRACT:

Indian history is one of the most ancient in the world; replete with many wars, teachings and religious beginnings. Hinduism is one of India's most prominent religions with the *Bhagavad Gita* being one of its most significant scriptures. Many authors have postulated that different psychotherapeutic methods have been used and described in *Bhagavad Gita*. In this article, we have explored regarding descriptions of the possible use of hypnotherapy in this holy text.

Keywords: *Hypnotherapy, Hypnosis, Psychotherapy, Bhagavad Gita, Hinduism*

India is a country with a varied and rich mythology. Its ancient history is replete with many wars, teachings and religious beginnings. Hinduism is one of India's most prominent religions with the *Bhagavad Gita* being one of its most significant scriptures. The *Bhagavad Gita* contains philosophical discussions between prince *Arjuna* and Lord *Krishna* on the battlefield of *Kurukshetra*. Followers of Hinduism look upon the *Bhagavad Gita* as the most revered text which guides them in their difficult times. It has been postulated by various authors that different psychotherapeutic methods have been used and described in *Bhagavad Gita* (Reddy, 2012; Vaishnav, 2009; Rao and Parvathidevi, 1974; Satyananda, 1972; Jeste and Vahia, 2008; Hegde, 2009; Balodhi and Keshavan, 2011). We conducted a literature search and identified papers and texts which we perceived to be relevant. In this review article, we have explored regarding descriptions of the probable use of hypnotherapy in this holy text.

.

¹MD, DPM, Professor, Department of Psychiatry, MGM Medical College & Hospital, Navi Mumbai, India

²MBBS, DPH, Director, MYM Institute of Clinical Hypnosis, Mumbai, India

³MD, DPM, Staff Psychiatrist, Flynn Adult Inpatient Psychiatric Unit, La Trobe Regional Hospital Mental Health Services (LRH-MHS) Traralgon, Victoria 3844, Australia

HYPNOSIS AND HYPNOTHERAPY

Hypnosis is a method by which a person can be guided into an altered state of consciousness called the trance state. It is characterized by a deep state relaxation with increased suggestibility. In this state, one may achieve physical and psychological changes that are seemingly beyond one's normal conscious capability. For most people it is a pleasant state of deep inner calm and physical relaxation. Anyone who is willing to cooperate and follow simple instructions can be hypnotized. The state of deep trance is similar to that experienced by experts in yoga and practitioners of various meditation techniques (Kroger, 2008).

As a matter of fact, each one of us is using hypnosis, knowingly or unknowingly in some form or the other, every single day of our lives. We experience a trance-like state each time we are lost in thoughts, lose track of time or engage in day-dreaming. The people that are easiest to hypnotize are those who are able to maintain focus on a desired objective (Kroger, 2008).

Psychological therapy done in conjunction with the hypnotic trance state is called as hypnotherapy. It is often classed as a form of complementary medicine but is perhaps better viewed as a branch of psychotherapy. It is not an occult esoteric art but a science-based therapeutic discipline. Utilizing the state of deep trance, the therapist assists the client in uncovering and exploring thoughts, emotions and memories of past events which may have been affecting a person's present state of mind. By activating one's own inner resources, hypnotherapy has been known to help in psychological and psychosomatic disorders. Besides this, hypnotherapy can be used to help replace negative thoughts with positive affirmations for personal growth and development (Kroger, 2008).

A lot of people believe that when they are hypnotized they will not be aware of anything that is happening around them. Yet, if one lost all connection with the hypnotist, how would one be able to follow the instructions given by therapist? Hypnosis has absolutely nothing to do with being asleep or being unconscious. One hears everything and knows what's going on during the entire process (Erickson, Seymour and Secter, 2005). Thus all hypnosis is ultimately self-hypnosis. A person is always in control and it is always up to the person, whether he/she wants to accept or reject the ideas and statements offered by the therapist (Elman, 1968).

CHARACTERISTICS OF THE HYPNOTHERAPIST

Like other therapists, a hypnotherapist also needs to have certain characteristics that can help him/her be a better therapist. An ability to form a good rapport with the client is the foremost pre-requisite. The therapist also needs to be truthful, empathetic, non-judgmental and an active listener. Proper training and experience with psychotherapy is an important pre-requisite for being a good hypnotherapist (Aisling and Ray, 2010).

STAGES OF HYPNOTHERAPY SESSION

There are five stages to any hypnotherapy session (Kroger, 2008):

1. Induction – done by focusing on an object/word(s), by progressive muscular relaxation or reverse counting. The main aim is to induce focused attention.
2. Deepening – The purpose is to develop the trance state further so that the client becomes more suggestible.
3. Suggestions – The main work of hypnosis is carried out here. Techniques like creative visualization and positive suggestions are used.
4. Post-hypnotic suggestions – Suggestions that are given to client under hypnotic trance, which then later on affect his behavior in the desired manner after the individual comes out of trance.
5. Awakening – the individual is roused from his state of trance.

However, these five stages of hypnosis are not always necessary to accomplish the goals of hypnotherapy and one may achieve the desired effects without the help of the trance state. This is known as *waking hypnosis*. In certain people who are extremely suggestible, every effect that is possible using the trance state can also be obtained with waking hypnosis. The key to this process is that the mind of the client must lock itself around a given idea. For example, the crying child is certain that if the mother kisses him/her then the pain will disappear. To cause the mind to lock around a given idea, the suggestions must be given with complete confidence and absolute assurance, leaving no room for doubt. An emotionally disturbed client is usually hyper-suggestible. Waking hypnosis is usually used when there is very little time to achieve the trance state or when, for some reason, there is resistance to it. It can also be achieved in patients who have never formally experienced the trance state before (Elman, 1968).

HYPNOSIS IN ANCIENT INDIA

Hypnosis in Indian history is known as ‘*Sammohana*’ which was part of *Yoga Vidya* (science of yoga) and has been practiced in India since Vedic times. Many yogis and sages practiced self-hypnosis during meditation to still their minds. It was also known as *Pran vidya* or *Trikaal vidya* and was at its peak during the Aryan era (circa 1500-500 B.C.). The evidence of the use of *sammohana* is found in ancient texts like the *Bhagavat Purana* in which Lord Vishnu in his *Mohini avatar* illudes the *asuras* (demons) to procure the *amrit kumbh* (pot of nectar) and gives it to *devas* (gods) (Swami Prabhupada, 1999). Even the *Atharvaveda*, one of the four principal sacred texts of Hinduism, has passing reference to hypnosis and suggestions e.g. “*Touching you with these two hands and ten fingers, by my influential speech I speak to you, disease removing words. By this you will get health and all your diseases will vanish.*” (*Atharvaveda* 4:13:7) (Max-Muller and Bloomfield, 2004).

These evidences suggest that hypnosis was probably in use in ancient India. Since Lord *Krishna*, one of the characters in *Mahabharata* was well versed with the ancient scriptures, it is probable that he may have used this knowledge to help *Arjuna*, the warrior, who was in acute distress (Naik, 2006). The word Sanskrit word for hypnotism is *sammohana*. Lord *Krishna* is also known as *Mohana*, which means the one who hypnotizes or enchants others. He has been described as playing enchanting tunes on his flute because of which all the women-folk and the *gopis* (cow-herds) of *Vrindavan* (a place where he spent his childhood) would gather around him (Swami Prabhupada, 1999).

THE BHAGAVAD GITA

The *Bhagavad Gita* is a sacred Hindu scripture, comprising of 18 chapters and 700 verses and is a part of the ancient Sanskrit epic of *Mahabharata*. This scripture contains a conversation between *Pandava* prince *Arjuna* and Lord *Krishna* on a variety of philosophical issues. Faced with a fratricidal war, on the battlefield *Arjuna* refuses to fight and helplessly turns to his charioteer Lord *Krishna* for counsel. In such a situation there was need to stimulate *Arjuna* into battle. Lord *Krishna*, as written in the *Bhagavad Gita*, not only imparts spiritual knowledge to *Arjuna* but also is able to quickly convince him to fight the war (Swami Prabhupada, 1983). Reading the *Bhagavad Gita* one can find references that suggest the use of hypnotherapy (using modern-day waking hypnosis) and following is a brief discussion of the same.

Arjuna's hypersuggestible state

The first chapter, *Arjuna Vishad Yoga*, describes the emotional experiences of *Arjuna* within the battlefield when he sees his own kith and kin lined up in opposition for a war. He is described as feeling sad, sorrowful, anxious, fearful and guilty. *Arjuna* says, “*My dear Kṛiṣṇa, seeing my friends and relatives present before me in such a fighting spirit, I feel the limbs of my body quivering and my mouth drying up. My whole body is trembling, my hair is standing on end, my bow, the Gāṇḍīva, is slipping from my hand, and my skin is burning. I am now unable to stand here any longer. I am forgetting myself, and my mind is reeling. I see only causes of misfortune....*” (BG 1:28-30)¹ (Swami Prabhupada, 1983). “*Arjuna* having thus spoken this on the battlefield cast aside his bow and arrows and sat down on the chariot, his mind overwhelmed with grief leading him into inaction” (BG 1:46) (Swami Prabhupada, 1983).

Such highly emotionally charged states can make a person hyper-suggestible which is a prerequisite for any hypnotherapeutic intervention (Kroger, 2008).

Lord Krishna's authoritative position

Lord *Krishna* was not only *Arjuna's* good friend but also his philosopher and guide. *Arjuna* asks Lord *Krishna* for advice and surrenders his will unto him. *Arjuna* says, “*Now I am confused about my duty and have lost all composure because of miserly weakness. In this condition I am asking you to tell me for certain what is best for me. Now I am your disciple, and a soul surrendered unto you. Please instruct me.*” (BG 2:7) (Swami Prabhupada, 1983).

To increase the effectiveness of hypnotherapeutic suggestions it is vital for the therapist to be in a position of authority in order to form good and lasting rapport with the client. *Arjuna's* total surrender to Lord *Krishna* puts the latter in an authoritative position to change *Arjuna's* distorted belief system (Elman, 1968).

Induction and use of indirect suggestions

Induction in hypnosis is done by focusing on an object/word(s), the main aim being to induce focused attention. In chapter 2 of the *Bhagavad Gita*, Lord *Krishna* instructs *Arjuna* gently to ‘*focus on the true inner self*’ and to become free from anxieties of gain and safety (BG 2:41-46). (Swami Prabhupada, 1983; Vartak, 1990). After this that *Arjuna* subsequently leaves his worries behind and commits himself to the task at hand (Swami Rama, 2004).

¹ BG: Bhagavad Gita; the 1st number in parenthesis refers to the chapter number while the later digits refer to the verse numbers.

Hypnotherapy and the Bhagavad Gita

Indirect Associative Focusing is a technique made famous in modern times by Dr. Milton Erickson. It is used for induction of the hypnotic state in which the therapist raises relevant topics without forcing them on to the client. This in turn allows the client to make his own decisions regarding following further suggestions from the therapist (Erickson, Seymour and Selter, 2005).

Use of visualization and imagery

Creative visualization is the basic technique underlying positive thinking in which the individual is encouraged to envision the desired goal beforehand. A detailed schema is created of what one desires and then the end result is visualized over and over again (Roeckelein, 2004). In chapter 11, *Arjuna* admits that he is convinced by Lord *Krishna*'s philosophy (BG 11:1). He wishes to see Lord *Krishna*'s *Vishwaroop* (Universal Form) (BG 11:2-4). Then *Krishna* gives a direct authoritative instruction to *Arjuna*, '*See now my opulence, hundreds of thousands of my divine forms*' (BG 11:5). Later *Krishna* says, "*But you cannot see me with your present eyes, therefore I give you divine eyes*" and goes on to describe to *Arjuna* in following verses what the latter should 'see' (BG 11:6-7). He exhorts *Arjuna* to get up, fight and vanquish his enemies as they '*have already been destroyed by him*' (BG 11:33-34) (Swami Prabhupada, 1983). This suggests that Lord *Krishna* used a creative visualization technique in the context of "*the enemies already having been destroyed*" (Vartak, 2005).

Arjuna's altered state of consciousness

In chapter 11, *Arjuna* gets awed and terrified by visualizing *Krishna*'s *vishwaroop*, and requests him to show his original form (BG 11:45). Responding to this request Lord *Krishna* changes the visualization saying, "*You have been perturbed and bewildered... Now let it be finished...With a peaceful mind you can now see the form you desire*" (BG 11:49). Later *Arjuna* says, "*Seeing your original form I am now composed in mind and I am now restored to my original nature*" (BG 11:51) (Swami Prabhupada, 1983). According to these statements it may be inferred that *Arjuna* was in an altered state of consciousness, characteristic of a trance-like state (Kroger, 2008; Vartak, 2005).

Post hypnotic suggestion and awakening

Post hypnotic suggestion is a suggestion given to a client under hypnosis which affects his behavior in a desired manner after the hypnosis session. Posthypnotic suggestions may be for an action, a feeling or an internal physical change to occur. It helps to increase adherence to therapy and to carry out assigned tasks (Erickson, Seymour and Selter, 2005). In the concluding chapter,

Hypnotherapy and the Bhagavad Gita

Lord *Krishna* instructs *Arjuna* to shed all his anxieties and adopt a complete fearless state. He tells him not to worry and to leave everything onto him and trust him (BG 18.66) (Swami Prabhupada, 1983).

Therapies are generally considered successful when their predetermined goals are achieved. In this context, Lord *Krishna*'s aim was to reduce *Arjuna*'s fears and prepare him to fight the battle.^[1] To confirm this transformation in *Arjuna*, Lord *Krishna* asks in the last chapter of the *Bhagavad Gita*, whether *Arjuna*'s "ignorance and illusions are now dispelled" (BG 18:72) (Swami Prabhupada, 1983). Thereafter, *Arjuna* admits to being convinced and as per Lord *Krishna*'s instructions, gets ready to fight the battle (BG 18.73) (Swami Prabhupada, 1983). Thus Lord *Krishna* changes *Arjuna*'s fearful and anxious state to a fearless one, by which *Arjuna* who initially was ready to give up all his duties, decides to fight the battle till the end.

CONCLUSION

The *Bhagavad Gita* describes the interactions between Lord *Krishna* and *Arjuna*, whereby the former is in the role of a therapist. Lord *Krishna* who was revered by *Arjuna* convinces him to change his belief system later reinforced by creative visualizations. With the help of instructions he guides *Arjuna* into acting out on the suggestions given. This implies that the steps followed in modern-day hypnotherapy may have its actual roots in ancient scriptures like the holy *Bhagavad Gita*.

REFERENCES

- Aisling, K., & Ray, M. (2010). *Accomplish Change. Qualities to look for in a hypnotherapist*. Retrieved October, 2012, from <http://accomplishchange.ie/blog/2010/08/06/qualities-to-look-for-in-a-hypnotherapist/>
- Balodhi, J. P., & Keshavan, M. S. (2011). Bhagavad Gita and Psychotherapy. *Asian J Psychiatry*, 4, 300-302.
- Elman, D. (1968). *Hypnotherapy*. Los Angeles: Westwood Publishing Co.
- Erickson, M. H., Seymour, H., & Secter, I. (2005). *The Practical Application of Medical and Dental Hypnosis*. Florida: OTC Publishing Corp.
- Hegde S. (2009). National seminar on Bhagavad Gita and mental health: Conference proceedings. *Asian J Psychiatry*, 1, 60.

Hypnotherapy and the Bhagavad Gita

- Jeste, D. V., & Vahia, I. V. (2008). Comparison of the conceptualization of wisdom in ancient Indian literature with modern views: Focus on Bhagavad Gita. *Psychiatry*, 71, 197-209.
- Kroger, W. S. (2008). *Clinical and experimental hypnosis* (2nd ed.). Philadelphia: Lippincott, Williams and Wilkins.
- Max-Muller, F., & Bloomfield, M. (2004). *Hymns of the Atharva Veda – Sacred Books of the East Part Forty Two*. Montana: Kessinger Publishing.
- Naik, M. (2006). *Hypnotisamche Samarthya*. Mumbai: Jai Vikas Prakashan.
- Rao, V. A., & Parvathidevi, S. (1974). The Bhagavad-Gita treats body and mind. *Indian J Hist Med*, 19, 34-44.
- Reddy, M. S. (2012). Psychotherapy - Insights from Bhagavad Gita. *Transcultural psychiatry*, 34, 100-104.
- Roeckelein, J. E. (2004). *Imagery in Psychology: A Reference Guide*. Connecticut: Greenwood Publishing.
- Satyananda, D. (1972). *Psychology of the Gita of Hinduism*. London: Oxford and I.B.H.
- Swami Prabhupada. (1983). *Bhagavad Gita As It Is*. International Society for Krishna Consciousness. Mumbai: The Bhaktivedanta Book Trust.
- Swami Prabhupada. (1999). *Śrīmad Bhāgavatam*. International Society for Krishna Consciousness. Mumbai: The Bhaktivedanta Book Trust.
- Swami Rama. (2004). *Perennial psychology of the Bhagavad Gita*. Philadelphia: Himalayan Institute Press.
- Vaishnav, M. (2009) Spirituality and psychiatry: complementary or contradictory- based on Bhagavad Gita. In Sharma, A. (Ed.). *Spirituality and mental health: reflections of past, applications in present, projections for future*. Indian Psychiatry Society.
- Vartak, P. V. (1990). *The Gita*. Pune: Vartak Prakashan.
- Vartak, P. V. (2005). *Yugpurush Shri Krishna*. Pune: Vartak Prakashan.

Perceived Parental Practices and Quality of Life of Children with Learning Disabilities

R.Moulya¹, Priti Sirkeck²

ABSTRACT:

Children with Learning Disabilities (LD) in comparison to typically developed children report poorer emotional being, lower self-esteem and satisfaction in their relationships with family and friends. This purposive randomized study used the self-determination theory as a framework to extract the relationship between parental practices and quality of life in children with learning disabilities in a sample of 60 children who have been diagnosed with LD including 30 boys and 30 girls in the age range of 9 years to 12 years. Results revealed parental autonomy support was associated with two quality of life domains, family and Self esteem, in addition to the global quality of life. Hence, autonomy support should be practiced by parents in the home environment to promote self-determination and improve the quality of life in children with LD.

Keywords: *Learning disabilities, Autonomy support Quality of life.*

A child may have academic issues due to many invisible factors and these factors may not be recognised unless the child starts to deteriorate in academic performance. Learning disability remains one of the least understood and the most debated disabling conditions that affect children (Thapa, Aalsvoort & Pandey, 2008). According to Venkatesan (2010), a child said to be having LD, if the child is “showing discrepancy by more than two grades in reading, writing, spelling and/or arithmetic, despite average to superior general and social intelligence as assessed on standardised tests of intelligence and achievement. This discrepancy should not be due to insufficient school exposure, or because the student is a first generation learner, or has suffered any social and emotional abuse, insult, neglect, disadvantage, poor teaching, frequent change of school, curriculum or medium of instruction, bad home environment or faulty school policies which can explain the poor academic level” (Venkatesan & Swarnalatha, 2013). Children with LD invariably fail to achieve school grades commensurate with their intellectual potential (Shaywitz, 1998). This connotes a discrepancy factor: a severe discrepancy between the child’s intellectual ability and his achievement on paper (John, 2010). If LD remains undetected, it results in chronic poor school performance, detention and dropping out of schools.

¹MSc, Psychology (Clinical), Christ University, Bengaluru

²Assistant Professor, Christ University, Bengaluru

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

This may often lead to these children losing their self-esteem, developing withdrawn or aggressive behaviour, anxiety, depression and at times even anti-social behaviours (Karande, 2008). Children with LD in comparison to typically developed children reported poorer emotional being, lower self-esteem and satisfaction in their relationships with family and friends (Ginieri-Coccossos, et al., 2011)

Quality of Life

Health related quality of life (HRQOL) as a multidimensional measure can be defined as an individual's satisfaction or happiness in various life domains that affect or are affected by health (Evans, as cited in Michel, Bisegger, Fuhr & Abel, 2009). Disability can have a major impact on the development of an individual physically, emotionally, interpersonally and socially. It's only in the recent times, that rehabilitation looks at improving the overall functioning of the individual therefore improving the quality of life. Karande & Venkataraman (2012), found large deficits in the areas of social exclusion, emotion, limitation, treatment, and independence, a medium deficit in social inclusion, and a large deficit in the self-perceived health-related quality of life of Indian children with specific learning disabilities.

Parental Practices

Parental practices and child rearing styles have been linked to mental health and quality of life in various researches. Parental practices are different from parental styles, even though the two have been used interchangeably. According to Darling & Steinberg (1993), parenting practices are defined as specific behaviours that parents use to socialize their children. In contrast, Darling and Steinberg (1993) define a parenting style as the emotional climate in which parents raise their children

Parental practices: Involvement and autonomy support

Autonomy or self-regulation has been linked to achievement and, the significant goal of every educational setting is to provide an environment to the child which encourages autonomy and builds the capacity to be self-regulating with respect to one's behaviour and learning process. Keeping the Self Determination theory behind, Grolnick and Ryan (1991) proposed that autonomy support and involvement, are the two correlates of parenting which has found its effect on child development. The parenting environment acts as a resource to promote the inner resources of the child. Studies have shown ways in which students achievement can be enhanced and also the ways it can be hampered in the school and home environments. In these studies two dimensions have been shown to be important for facilitating the inner resources of the child- involvement versus non-involvement and autonomy support versus control. According to Wang & Sheikh-Khalil (2014), parental involvement improves academic and emotional functioning among adolescents and also seems to predict adolescent academic success and mental health both directly and indirectly through emotional and behavioural engagement. Autonomy support refers to the active support of the child's capacity to be self-initiating and autonomous (Ryan, Deci, Grolnick, & La Guardia, as cited in Joussemet et al., 2008). The importance of autonomy

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

support claimed by the self-determination theory of parenting in developing and promoting healthy internalization and adaptation is supported by studies. Research has found that children with parents who were autonomy supportive were highly self-regulated, had self-reported competence and displayed fewer adjustment problems at school than those children whose parents were highly controlling (Grolnick & Ryan, 1986). Grolnick, Ryan & Deci (1986), postulated a process model, linking the parenting environment and ways in which it promoted the child's inner resources. They hypothesised that the child's perceived parental practices are instrumental in foretelling the child's inner motivational resources which promotes development.

Self-determination theory and disability

Self-determination is the result of the dynamic interplay among an individual's characteristics and the opportunities and expectations presenting in his or her environments (Wehmeyer, Abery, Mithaug, & Stancliffe, 2003). The field of disability affirms the importance of the family in developing children's self-determination, and the limited research that exists in this area focuses mostly on specific practices that parents can employ in order to do so (Shogren & Turnbull, 2006).

Disability can have a profound effect on the child rearing practices that parents involve in, since a child's disability can be very stressful to the parents. Parents of children with a developmental disorder exhibited less positive involvement, less consultation-accompany style, and more rebukes, and felt more difficulty with handling their children (Nakajima, 2012).

Previous studies show how children with LD lag in the areas of emotional well-being and self-esteem. There have also been studies which look into the parent-child relationship in children with LD. However, there are research gaps in establishing direct links between parental practices and quality of life of children with LD. Even though there are research studies that used SDT to focus on developing skills in a child with disability, only limited amount of studies focus on building self-determination for children with disabilities within the home environment. Despite having difficulties at school and academics, if a child with LD is supported and a positive environment is established at home, the child may find ways to create a better life for himself by being able to do what he aspires. This may also be instrumental in bringing out hidden talents in the child and possibly create a life that merges the child's talent and career.

OBJECTIVES

1. To determine the QoL among children with learning disabilities.
2. To study the relationship between parental practices and quality of life in children with learning disabilities.
3. To determine the gender differences in the quality of life of children with learning disabilities.
4. To understand the differences in parental involvement and parental autonomy support based on gender of the child with learning disabilities

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

METHOD

The present study used the quantitative research framework. The two groups of gender, i.e. boys and girls were taken as the independent variable while Perceived parental involvement, parental autonomy support and overall QoL score was considered as the dependent variable. The targeted population in the study was children with learning disability who are presently studying in Karnataka. The sample consisted of 60 children between the ages of 9 and 12, with learning disabilities, of which 30 were girls and 30 were boys.

HYPOTHESES

- H01:** There is no significant relationship between the perceived parental involvement and the QoL of children with LD.
- H02:** There is no significant relationship between the perceived parental autonomy support and the QoL of children with LD
- H03:** There is no significant difference in the parental involvement between boys and girls with LD
- H04:** There is no significant difference in parental autonomy support between boys and girls with LD
- H5:** There is a significant difference in the overall quality of life between boys and girls with LD

TOOLS

1. Socio-Demographic Details Form
2. Perception of parents scale (child version), Grolnick, W.S., Ryan, R.M. & Deci, E.L. (1991) was used to assess the perceived parental involvement and perceived parental autonomy support.
3. KINDL (R), Ravens-Sieberer, U. & Bullinger, M. (1994) was used to assess the quality of life of children with LD.

PROCEDURE

After Receiving The Authorization Form From The Parents Through The Consent Form, The Data Collection Procedure Was Initiated. The Questionnaires and demographic details form was administered individually to each child separately. The KINDL(R) QoL questionnaire and the Perception of parents scale was then administered by reading out each item and options provided for each item. The mother or the father subscale was administered based on who the primary parent in the family was. Independent sample t-test was used to study the difference in the variables between the two groups of children, i.e. males and females. Pearson's Product Moment Correlation method and spearman correlation method was used to analyze the relationship between the perceived parental practices and the different dimensions of quality of life in the two groups of children and further multiple regression was used to understand the strength of the relationship.

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

RESULTS

The descriptive statistics indicated that the global QoL of the sample was 70 percentage on an average, even though domains of self-esteem and school revealed to be much lower than the other domains. The descriptive statistics of the parental practices further revealed that the parents as perceived by the child, engage more in involvement than in autonomy support.

At the inferential level, there was a The results indicated that there is no significant relationship between perceived parental involvement and global QoL, but showed a significant relationship on the family domain($r = .285$ at $p = .027$) only. Hence, the null hypothesis was accepted.

Further, the perceived parental autonomy support had a significant relationship with the self esteem($r = .374$ at $p = .003$) and family domains($r = .285$ at $p = .027$) of QoL, in addition to the global QoL($r = .382$ at $p = .003$), which implies that the second null hypothesis was rejected. However, the third and fourth hypotheses were accepted since the results showed no significant gender difference in the perceived parental involvement and autonomy support of children with LD. Finally the fifth hypothesis was rejected since the results indicated that there was no significant gender difference in the QoL of children with LD.

Table 1

Correlation to show the relationship between parental autonomy support and QoL

		Overall QoL	Physical wellbeing	Emotional wellbeing	Self esteem	Peer relations	Family	school
Parental autonomy support	Pearson Correlation	.382	.131	.165	.374	.079	.344	.064
	Sig.(2-tailed)	.003	.319	.207	.003	.549	.007	.627

Table 2

Multiple regression showing perceived parental autonomy support as the predictor of QoL

Model	Variables Entered	β	t	R Square	Adjusted Square	R	F
1	Overall QoL	.361	3.072	.132	.117		8.798**
2	Self esteem	.309	2.679	.140	.125		9.435**
3	Family	.382	2.638	.217	.189		7.895**

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

Multiple regression showed that perceived parental involvement is a significant predictor of QoL on the family domain, and perceived parental autonomy support is a significant predictor of QoL on domains of self-esteem ($R^2=.140$, $F=9.435$, $p<.05$) and family ($R^2=.217$, $F=7.895$, $p<.05$) in addition to the global QoL ($R^2=.132$, $F=8.798$, $p<.05$).

DISCUSSION

In conclusion of the over all findings of the research, the following things needs to be high lightened:

Firstly, the QoL of children with LD suffers considering their disability and the literature in the past has proved the same. According to a study conducted by Chapman (1988), the findings show that LD students have lower self-concepts than non-handicapped students. Greater decrements occur for academic self-concept than general self-concept. The literature in this area is contradictory to the findings of this study. According to Wang & Sheikh-Khalil (2014), parental involvement improves academic and emotional functioning among adolescents and also seems to predict adolescent academic success and mental health both directly and indirectly through emotional and behavioural engagement. The significant relationship between perceived parental involvement and only the family domain of QoL could be justified by the fact that parents may be involved in their child's life but may not have involved themselves in academic related activities, thereby contributing to the results obtained. According to Desforges and Abouchaar (2003), it is found that parental involvement has a large and positive effect on the outcomes of schooling, an effect that is "bigger than that of schooling itself". Therefore, it is important for parents to involve themselves in the academics, by sitting down with their child everyday and helping the child learn using other techniques which make of the concepts behind the lesson and not just theory.

Secondly, the significant relationship between perceived parental autonomy support and the QoL on domains of self-esteem and family, in addition to global QoL can be justified by the self-determination theory which positively links parental autonomy support to the global well-being variables, because behavioural regulation behind the autonomous motivation involves having a more integrated perception of the self, supportive of one's aspirations toward psychological growth and development (Ryan & Deci, 2008). The SDT focuses on examining conditions that "elicit and sustain" intrinsic motivation which, by its nature, exists without any intervention. And hence, parental autonomy support could be one of those factors which can sustain intrinsic motivation of the child, therefore contributing to self determination in children with LD. The results of the study hence showed that perceived autonomy support can be a significant predictor of global QoL, self-esteem and family relationships of children with LD.

Thirdly, there were no significant gender differences in the perceived parental involvement and autonomy support of children with LD. This possibly could be due to the fact that the learning

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

disability itself acts a big factor influencing the parental practices and gender may not have significantly contributed to the QoL.

Finally, there showed no significant gender difference in the QoL in the sample. According to a study by Michel, Bisegger, Fuhr& Abel (2009), even though girls and boys had similar HRQoL at a younger age, girls' HRQoL started to decline than that of boys with increasing age. Hence, the results could be explained by the fact that the age group taken into consideration in the present study was 9-12 years and studies show that there have been significant gender differences in QoL as age increases, and the QoL starts to decline only after the age of 12.

To conclude, the present study shows the contributing factor of parental autonomy support in predicting the quality of life of children with LD. This proves that self-determination theory could be applied to children with learning disabilities as well and the outcomes could be remarkable. Hence, self-determination should be encouraged in children LD and the causal agents behind this self-determination behaviour should also be promoted. Parents should be made aware of the advantages of using autonomy support in the home environment and the primary goal of every parent of a child with LD should be to see their child flourish in any desired area and engage in behavioural autonomy, self-regulated behaviour and psychological empowerment.

IMPLICATIONS

From the results obtained in the study, the following implications can be drawn:

The most important implication of this study is that parental autonomy support should be encouraged in parents of children with LD. Parental autonomy should be included as a major factor when designing parental caregiving programs for children with LD and the findings could be incorporated when psychologists counsel parents of children with LD. Further, parents should be advised to involve themselves in the child's academics, by sitting down with their child every day and help the child learn using other techniques which make of the concepts behind the lesson and make it fun. It is important here to stress that a child spends a lot of his time at home with the primary parent and it is this primary parent who can be instrumental in intervening in the child's academic life than anyone else.

Next, even though inclusive education has been adapted in schools, it should be seen to it that the typically developed children do not involve in bullying and teasing children with LD, since the present study shows a marked deterioration in self esteem. The respective class teachers should pay attention to the classroom behaviour around children with LD and should encourage acceptance and friendship between the typically developed children and children with LD.

Finally, every school must have a trained mental health professional or a special educator who can address these issues professionally and help children with special needs to actively be a part of the school related activities and thereby preventing the hindering of development.

LIMITATIONS

The present study encountered some limitation which were inevitable and could not be avoided. The most important of them all is that the sample considered in the study is very specific population from only two cities of Karnataka. Second, the sample consisted of children with different kinds of specific learning disabilities and did not consider only one specific learning disability due to the time restrain and difficulty of finding such a specific sample. Certain specific learning disabilities could have contributed more than the rest towards the QoL of the sample. Third, the age group of the sample considered is 9 to 12 years of age. It might be possible that the younger children would not have had an understanding of their parental involvement and autonomy support despite having explained every item on the questionnaire to them. Finally, in the present study considers the parental practice of only one of the parents who is the primary caregiver and does not include both the parents. Hence, the study does not consider both the parents into the picture. The families where the father was the primary parent could have affected the QoL of children, since studies show that there is marked difference in the home environment and nurturance of the child, when compared to the families where the mother was the primary parent.

REFERENCES

- Chapman, J. W. (1988). Learning Disabled Children's Self-Concepts. *Review Of Educational Research*, 58(3), 347-371
- European KIDSCREEN group.(2009). *KIDSCREEN-52 (long version)* – [kidscreen.org](http://www.kidscreen.org). Retrieved from <http://www.kidscreen.org/english/questionnaires/kidscreen-52-long-version/>
- Darling, N., and Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychology Bulletin*, 113, 487-496
- Desforges, C., & Abouchar, A. (2003). *The impact of parental involvement, parental support and family education on pupil achievement and adjustment: A literature review*. London: Department for Education and Skills
- Ginieri-Coccosis, M., Rotsika, V., Skevington, S., Papaevangelou, S., Malliori, M., Tomaras, V., Kokkevi, A. (n.d.). *Quality of life in newly diagnosed children with specific learning disabilities (SpLD) and differences from typically developing children: A study of child and parent reports*. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/22372869>
- Grolnick, W S., Ryan, R. M., and Deci, E. L. (1991). Inner resources for school achievement: Motivational mediators of children's perceptions of their parents. *Journal of Educational Psychology*, 83, 508-517
- Grolnick, W. S., Deci, E. L., & Ryan, R. M. (1997). *Internalization within the family: The self-determination theory perspective*. In J.E. Grusec & L. Kuczynski (Eds.), *Parenting and children's internalization of values: A handbook of contemporary theory*, (pp. 135-161). New York: Wiley

Perceived Parental Practices and Quality of Life of Children With Learning Disabilities

- Hollar, D. (2012). *Handbook of children with special health care needs*. New York, NY: Springer
- John, P. (2010). Learning and other developmental disorders in India. *Indian Journal of Psychiatry*, 52(1), 224-228. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146230/>
- Joussemet, M., Landry, R., & Koestner, R. (2008). A Self-Determination Theory Perspective on Parenting. *Canadian Psychology-psychologie Canadienne*, 49(3), 194-200
- Karande, S. (2008). Current challenges in managing specific learning disability in Indian children. *Journal Of Postgraduate Medicine*, 54(2), 75-77. Retrieved from <http://www.jpgmonline.com/article.asp?issn=0022->
- Karande, S., & Venkataraman, R. (2012). Self-perceived health-related quality of life of Indian children with specific learning disability. *Journal of Postgraduate Medicine*, 58(4), 246-254. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/23298918>
- Michel, G., Bisegger, C., Fuhr, D.C. & Abel, T. The KIDSCREEN group. (2009). Age and gender differences in health-related quality of life of children and adolescents in Europe: a multilevel analysis. *Quality of life research*, 18, 1147– 1157
- Nakajima, S., Okada, R., Matsuoka, M., Tani, L., Ohnishi, M., & Tsujii, M. (2012). Parenting styles of parents of children with developmental disabilities. *Japanese Journal of Developmental Psychology*, 23(3), 264. Retrieved from <http://connection.ebscohost.com/c/articles/82899699/parenting-styles-parents-children-developmental-disabilities>
- Ryan, R. M., & Deci, E. L. (2008). *Self-determination theory and the role of basic psychological needs in 24 personality and the organization of behavior*. In O. P. John, R. W. Robbins, & L. A. Pervin (Eds.), *Handbook of Personality: Theory and Research* (pp. 654-678). New York: The Guilford Press
- Shaywitz, S. E. (1998). Dyslexia. *N Engl J Med*, 338(30), 7-12
- Shogren, K. A., & Turnbull, A. P. (2006). Promoting self-determination in young children with disabilities: The critical role of families. *Infants & Young Children*, 19(4), 338
- Thapa, K., Aalsvoort, G. M., & Pandey, J. (2008). *Perspectives on learning disabilities in India: Current practices and prospects*. Thousand Oaks: Sage Publications
- Venkatesan, S. & Swarnalatha, G.R. (2013). Problem behaviour and academic grade level performance of adjudicated children with juvenile delinquency. *Disability, CBR and Inclusive Development Journal*, 24(1), 99-114
- Wang, M. T., & Khalil, S. S. (2014). Does Parental Involvement Matter for Student Achievement and Mental Health in High School? *Child Development*, 85(2), 610-625
- Wehmeyer, M.L. (2005). Self-determination and individuals with severe disabilities: Re-examining meanings and misinterpretations. *Research and Practice for Persons with Severe Disabilities*, 30, 113-120
- Wehmeyer, M.L., Abery, B., Mithaug, D., & Stancliffe, R. (2003). *Theory in self-determination: Foundations for educational practice*. Springfield, IL: C.C. Thomas

Personality Profile of School Students

Veena Chakravarthy¹, Dr. V. Chandramohan²

ABSTRACT:

Personality refers to distinctive patterns of behaviour that characterizes each individual's adaptation to the situations in life. **Personality** is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other. Academic success depends on the best use of personality dimensions. Students encounter many hurdles in achieving academic success. Many of these hurdles are within their personality traits. Academic success depends on the best use of personality dimensions. What qualities make students more successful in their life as well as their workplace is a fascinating question? The aim of the present study is to assess the personality traits of the school students and draw a typical personality profile of high school students. Three hundred healthy and well motivated school students, 150 boys and 150 girls, studying Higher Secondary Course at Saru Matriculation Higher Secondary School, Satyamangalam, Erode District, constitute as a sample for the present study. School students are administered with 16 Personality Factor Questionnaire (16 PF), for the purpose of finding out basic personality traits. A typical personality profile of school student. is drawn. Gender differences, between Boys and Girls, on personality traits are highlighted. Implications of the findings are discussed.

Keywords: *Typical Personality Profile Of School Students, Gender Difference*

The term “**Personality**” has been derived from a Latin word, “**Persona**”, which means mask. **Personality**” refers to distinctive patterns of behaviour that characterizes each individual's adaptation to the situations in life. **Personality** is defined as an enduring pattern of psychological and behavioural characteristics by which each person can be compared and contrasted with each other. **Personality** is more or less stable and enduring organization of a person's character (conative), temperament (affective), intellect (cognitive) and physique (neuroendocrine endowment). Personality is made up of characteristic patterns of thought, feelings and behavior that make a person unique. Personality arises from within the individual and remains fairly consistent throughout the life. Academic success depends on the best use of personality dimensions. Students encounter many hurdles in achieving academic success. Many of these hurdles are within their personality traits.

¹Research Scholar, Department: Psychology, Bharathiar University, Coimbatore

²Research Supervisor, Reader in Psychology, Institute of Aerospace Medicine, IAF, Vimanapura (PO), Bangalore

Personality Profile of School Students

The studies based on 16 personality factor test revealed that administrative trainees undergoing training at Air Force Academy, Hyderabad, were more stable in their emotions, happy go lucky type, humble and accommodating, practical oriented, less apprehensive, more conservative, low in anxiety and extroverts than the Air Traffic Control Officer (ATCO) trainees. On the other hand, the ATCO were more intelligent than the admin trainees (Chandramohan et al., 1997, 1998).

Abu Bakkar Sithikh (2014) carried out a study on high school students and found that personality traits have a positive relationship with absenteeism. The students, who were high on neuroticism, were not regular to the school.

Personality differs according to occupations. Every job needs to have a given temperament and one should select their jobs based on these temperaments. What qualities make students more successful in their life as well as their workplace is a fascinating question? Researchers have tried to find out a satisfactory answer. The present study is an attempt in this direction.

AIM

The aim of the present study is to assess the personality traits and draw a typical personality profile of the high school students

OBJECTIVE

Objectives of the present study are

- 1) To delineate the personality profile of a typical high school student
- 2) To compare the personality profile of boys and girls
- 3) To find out, if there exists, any gender differences, on personality traits

MATERIALS AND METHOD

Three hundred healthy and well motivated school students, 150 boys and 150 girls, age ranging from 15 to 18 years, studying Higher Secondary Course at Saru Matriculation Higher Secondary School, Satyamangalam, Erode District, constitute as a sample for the present study. School students are assessed on **16 PF**, an objective personality test, for the purpose of drawing a typical personality profile of school students. Short detail of Psychological tests is given below:

16 PERSONALITY FACTOR QUESTIONNAIRE – FORM “D” (16 PF) – Cattell (1963, Cattell et al., 1970) has developed **16 PF** to assess basic personality structure of an individual. **16 PF** is a well known objectively score able factorial test of personality. **16 PF** is multi dimensional set of sixteen questionnaire scale **arranged** in an omnibus form. It is comprehensive in coverage and give information regarding an individual's standing on sixteen Primary Factors and eight Second Order Factors. Cattell has developed different forms of **16 PF** and they are Form 'A', 'B', 'C', 'D' and 'E'. The Computerised version of **16 PF** has been developed by **Chandramohan** (1991), at Institute of Aerospace Medicine, IAF, Bangalore, is

Personality Profile of School Students

used for analysing the responses. On obtaining the **STEN** score, an individual's relating standing in each of the factor is expressed on a **Profile Chart**. The **STEN** score positions for each factor are distributed over ten equal **interval** STEN points (Standard Score Points) from 1 through 10, with the population average fixed at 5.5 and standard deviation at 1. **16 PF test - Form "D"** is used in the present study. This test has got 105 statements. There is no right or wrong answers. Answer as honestly as possible to give the first response coming into your mind. Three boxes are given on the answer sheet to record the responses. Students are asked to choose one answer out of 3 choices, by putting, a "✓" mark inside the box. Here, **A - True or Yes, B - Sometimes, In between, Occasionally, Uncertain, C - False or No**. Try to avoid choosing 'B' as an answer because it does not reflect any qualities. It usually takes 30 minutes to complete.

Scoring: Each answer is awarded with marks 0, 1 and 2. Whereas, for **Factor B**, the scores are 0 (incorrect) or 1 (Correct). The total score constitute the raw score for that particular trait. The raw score is further converted into Standard (**STEN**) score, using norms supplied by the author. The **STEN** scores are reflected on the **Profile Chart** to see the individual's relative standing on the **16 Primary Traits**. The Second Order Factors are calculated from the scores of Primary Factors. The **8 Second Order factors** are, as follows:

Factor I	-	ANXIETY	- Low Vs High Anxiety
Factor II	-	EXTRAVERSION	- Introversion Vs Extraversion
Factor III	-	TOUGH POISE	- Emotional Sensitivity Vs Alert poise
Factor IV	-	INDEPENDENCE	- Subduedness Vs Independence
Factor V	-	SUPEREGO/CONTROL	- Low Control Vs High Control
Factor VI	-	ADJUSTMENT	- Neuroticism Vs Adjustment
Factor VII	-	LEADERSHIP	- Low Leadership Vs High Leadership
Factor VIII	-	CREATIVITY	- Low Creativity Vs High Creativity

Md (Motivational distortion score) – STEN score above 7, the test is invalid

Significance level of STEN score on Primary Factors

STEN 1 – 3	=	Low score
STEN 4 - 6	=	Average
STEN 8 - 10	=	High score

Significance level of STEN score on Second Order Factors

STEN 1 - 4	=	Low score
STEN 5 - 6	=	Average
STEN 7 - 10	=	High score

STEN score 4 and 7 shows tendency towards that particular trait

Scoring: Standard scoring procedure adopted.

Personality Profile of School Students

Personality profile of Boys are compared with the Girls. to find out gender difference, if any, existing on personality traits.

Student “t” test is employed for analyzing the data.

FINDINGS AND DISCUSSION

The findings of the present study are discussed on **Tables 1** and **2** **Figures 1** and **2**.

Table 1 and **Figure 1** show that **School students** are ambivert, socially bold, rule-bound, conservative, adequate on emotional stability, having control over feelings and behavior and free from tension.

On Second order factors (**SOF**), students are low on emotional sensitivity and creativity. Results clearly indicate that students are sensitive to their feelings as well as feelings of others. If they have difficulties, they are likely to involve in rapid thought with insufficient action, follow tried-and-true way of doing things rather than trying new ones do not spend much time in generating ideas but want workable and practical solutions.

Table 1: Mean STEN of the School Students (n=300) on 16 PF

PERSONALITY FACTORS	MEAN	SD
Md	4.87	2
A	6.63	2
B	5.78	2
C	5	1
E	5.11	2
F	6.23	2
G	6.01	2
H	6.67	3
I	5.68	1
L	4.52	2
M	4.71	2
N	4.65	2
O	5.06	1
Q1	5.41	2
Q2	4.87	2
Q3	6.56	2
Q4	4.98	1
SOF		
I	4.59	1
II	5.42	1
III	4.11	1
IV	5.44	2
V	5.8	2
VI	6.24	1
VII	5.9	1
VIII	3.86	1

Personality Profile of School Students

Table 2 and **Figure 2** show that **Boys** are pronounced extroverts, good natured, easy going, emotionally expressive, soft hearted, cooperative, attentive to people and are kind individuals. Socially bold, rule-bound, happy-go-lucky type, practical oriented, conservative, high on self-confidence and emotional stability, having good control over feelings and behavior and remain calm, cool and relaxed. Due to this high stress tolerance they are able to adjust to the situations where sudden adjustments are needed and free from tension.

On **SOF**, students are high on extroversion, independence, super ego control, adjustment and leadership but low on anxiety. Results clearly indicate that students are a typical extrovert, happy-go-lucky type, independent-minded and self assured, having strong super ego control and conform to the expectations of others, quiet reliable and well adjusted, high on self confidence, adaptability, flexibility stable emotionally and high on stress tolerance and relaxed, born leaders and sociable,

Personality Profile of School Students

16. P.F. TEST PROFILE

FACTOR	RAW SCORE		Standard Score	LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STIM)										HIGH SCORE DESCRIPTION
	FORM	TOTAL			1	2	3	4	5	6	7	8	9	10	
A			7	RELAXED, DETACHED, OPTIMISTIC, COOL, (Sanguine)	•	•	•	•	•	•	•	•	•	•	OUTGOING, WARM-HEARTED, EASY-GOING, FORTHRIGHT, (Sanguine)
B			6	LESS INTELLIGENT, CONCRETE THINKING (Lower Schematic Mental Capacity)	•	•	•	•	•	•	•	•	•	•	MORE INTELLIGENT, ABSTRACT-THINKING, (Higher Schematic Mental Capacity)
C			5	AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET (Lower ego strength)	•	•	•	•	•	•	•	•	•	•	EMOTIONALLY STABLE, FINES REALITY, CALM, MATURE (Higher ego strength)
E			5	HUMBLE, MILD, ACCOMMODATING, CONFIRMING (Submissiveness)	•	•	•	•	•	•	•	•	•	•	ASSERTIVE, INDEPENDENT, AGGRESSIVE, STUBBORN (Dominance)
F			6	SOBER, PRUDENT, SERIOUS, BASTURN (Sanguine)	•	•	•	•	•	•	•	•	•	•	NOT-YET-ADULT, IMPASSIONED, UNLIVELY, GAY, ENTHUSIASTIC (Sanguine)
G			6	EXPEDIENT, EVASIVE, PILLS, FEELS FEW URGEINGS (Whisper super-ego strength)	•	•	•	•	•	•	•	•	•	•	CONSCIENTIOUS, PERSISTENT, SERIOUS, RULE-BOUND (Sanguine)
H			7	SHY, RESTRAINED, DIFFIDENT, TIMID (Timidity)	•	•	•	•	•	•	•	•	•	•	VENTURESOME, SOCIALLY BOLD, UNINHIBITED, SPONTANEOUS (Familiar)
I			6	TOUGH-MINDED, SELF-RELIANT, REALISTIC, NO-MONDSANCE (Humble)	•	•	•	•	•	•	•	•	•	•	TENDER-MINDED, DEPENDENT, OVER-PROTECTIVE, SUBSISTENT (Familiar)
L			5	TRUSTING, ADAPTABLE, FREE OF JEALOUSY, EASY TO GET ON WITH (Major)	•	•	•	•	•	•	•	•	•	•	SUSPICIOUS, SELF-OPPINATED, HARD TO FOOL, (Familiar)
M			5	PRACTICAL, CAREFUL, CONVENTIONAL, REGULATED BY EXTERNAL REALITIES, PROPER (Practical)	•	•	•	•	•	•	•	•	•	•	IMAGINATIVE, UNRAFFED UP INNER URGEINGS, CARELESS OF PRACTICAL MATTERS, BOHEMIAN (Major)
N			5	FOUR-MIGHT, MUTUAL, ANTISEN, SENTIMENTAL (Antisocial)	•	•	•	•	•	•	•	•	•	•	SHREWD, CALCULATING, WORKING, PENETRATING (Sanguine)
O			5	PLACID, SELF-ASSURED, CONFIDENT, SERENE (Untroubled adolescence)	•	•	•	•	•	•	•	•	•	•	APPREHENSIVE, WORRYING, DEPRESSIVE, TROUBLED (Adult problems)
Q			5	CONSERVATIVE, RESPECTING ESTABLISHED IDEAS, TOLERANT OF TRANSITIONAL DIFFICULTIES (Conservative)	•	•	•	•	•	•	•	•	•	•	EXPERIMENTING, CRITICAL, LIBERAL, ANALYTICAL, FREE-THINKING (Radicalism)
P			5	GROUP-DEPENDENT, A "JONNET" AND SOUND FOLLOWER (Group adherence)	•	•	•	•	•	•	•	•	•	•	SELF-SUFFICIENT, PREFERS OWN DECISIONS, RESOURCEFUL (Self-sufficiency)
R			7	UNDISCIPLINED, SELF-CONFLICT, FOLLOWS OWN URGES, CARELESS OF PROFOOL (Low integration)	•	•	•	•	•	•	•	•	•	•	CONTROLLED, SOCIALLY-PRECISE, FOLLOWING SELF-IMAGE (High self-control control)
S			5	RELAXED, TRANQUIL, TORMID, UNFRUSTRATED (Low ego tension)	•	•	•	•	•	•	•	•	•	•	TENSE, FRUSTRATED, DRIVEN, OVERWROUGHT (High ego tension)

A sign of 10 is obtained by about 2.2% of adults

Name: PERSONALITY PROFILE OF SCHOOL STUDENTS

FACTOR I: 6

FACTOR II: 5

FACTOR III: 4

FACTOR IV: 5

FACTOR V: 6

FACTOR VI: 6

FACTOR VII: 6

FACTOR VIII: 4

MD: 5 (Sign)

Personality Profile of School Students

On the other hand, **Girls** are pronounced extrovert, good natured, easy going, emotionally expressive, soft hearted, cooperative, attentive to people and are kind individuals, socially bold, happy-go-lucky type, rule-bound, forthright, high on self confidence and emotional stability, having good control over feelings and behavior and remain relaxed. Due to this high stress tolerance they are able to adjust to the situations where sudden adjustment is needed and free from tension.

On **SOE**, they are high on extroversion, independence, super ego control, adjustment and leadership but low on anxiety. Results clearly indicate that they are a typical extrovert and happy-go-lucky type, independent-minded and self assured, having strong super ego control and conform to the expectations of others, quiet reliable and well adjusted, high on self confidence, stable emotionally and high on stress tolerance, adaptable, flexible and relaxed, born leaders and sociable.

Comparison of Mean STENS of Boys vs. Girls

Table 2 and **Figure 2** show the comparison of personality traits of Boys and Girls. Boys significantly differ (P. 0001) in the personality traits of Girls. Boys are higher (P. 0001) on the personality traits of forthright, self--confidence and controlling feelings and emotions than the Girls.

On the other hand, Girls are higher (P. 0001) on intelligence, emotional stability and independence than the Boys.

SUMMARY AND CONCLUSIONS

The following conclusions are drawn from the present study:

1. School students are ambivert, socially bold, rule-bound, conservative, adequate on emotional stability, having control over feelings and behavior and free from tension, sensitive to their feelings as well as feelings of others. follow tried-and-true way of doing things rather than trying new ones
2. Boys are forthright, self--confident and controlling feelings and emotions easily
3. Girls are more intelligent, high on emotional stability and independent-minded

Personality Profile of School Students

Table 2 : Mean STENS of Boys Vs. Girls

PERSONALITY FACTORS	BOYS (n=150)		GIRLS (n=150)		't' - VALUE	P - VALUE
	MEAN	SD	MEAN	SD		
Md	4.92	1	4.88	2	0.13	NS
A	8.44	1	7.92	1	2.60	0.01
B	4.76	1	7.96	1	16.00	0.0001
C	6.64	1	8.28	1	6.20	0.0001
E	4.92	1	5.12	2	0.63	NS
F	8.04	2	8.04	1	0	NS
G	8.16	1	8.04	1	0.38	NS
H	7.84	1	8	1	0.80	NS
I	5.92	1	5.2	2	6.84	0.01
L	4.96	2	4.68	2	0.95	NS
M	4.4	2	3.68	2	1.80	NS
N	4.4	2	3.36	2	2.60	0.01
O	3.84	2	4.8	2	2.40	0.01
Q1	3.6	2	4.52	2	2.30	0.02
Q2	3.96	2	8	1	12.78	0.0001
Q3	8.08	2	3.08	1	15.81	0.0001
Q4	3.56	1	3.6	2	0.20	NS
SOF						
I	3.84	2	3.6	2	0.60	NS
II	7.92	2	7.92	1	0	NS
III	4.6	1	5.8	2	3.0	0.001
IV	7.8	2	8	1	0.63	NS
V	8.08	1	8	1	0.25	NS
VI	8.16	1	8.04	1	0.38	NS
VII	8	1	7.96	1	0.13	NS
VIII	4.6	1	5.44	1	2.66	0.01

Name _____ PERSONALITY PROFILE OF NORMAL BOYS VS. GIRLS

Name: _____ Md: 5.5 (50th)

PERSONALITY PROFILE OF NORMAL BOYS VS. GIRL

FACTOR	RAW SCORE		Standard Score	LOW SCORE DESCRIPTION	STANDARD TEN SCORE (STEE)										HIGH SCORE DESCRIPTION	
	FORM	TOTAL			1	2	3	4	5	6	7	8	9	10		
A		8	8	RESERVED, DETACHED, CRITICAL, COOL (Socialized)	•	•	•	•	•	•	•	•	•	•	•	OUTGOING, WARM-HEARTED, EASY-GOING, PARTISAN (Antisocial, friendly, cyclothymic)
B		5	8	LESS INTELLIGENT, CONCRETE THINKING (Lower Scholastic Mental Capacity)	•	•	•	•	•	•	•	•	•	•	•	MORE INTELLIGENT, ABSTRACT-THINKING, BRIGHT (Higher scholastic mental capacity)
C		7	8	AFFECTED BY FEELINGS, EMOTIONALLY LESS STABLE, EASILY UPSET (Lower ego strength)	•	•	•	•	•	•	•	•	•	•	•	EMOTIONALLY STABLE, FINES REALITY, CALM, MATURE (Higher ego strength)
E		5	5	HUMBLE, MILD, ACCOMMODATING, CONQUERING (Schizoidness)	•	•	•	•	•	•	•	•	•	•	•	ASSERTIVE, INDEPENDENT, AGGRESSIVE, STUBBORN (Dominance)
F		8	8	SOBER, PRUDENT, SERIOUS, TACTFUL (Democracy)	•	•	•	•	•	•	•	•	•	•	•	HAPPY-GO-LOVEY, IMPULSIVE, LIVELY (Joy, enthusiasm) ✓
G		8	8	EXPERIENT, ENIGMA, FEELS FEW OBLIGATIONS (Wider, superior strength)	•	•	•	•	•	•	•	•	•	•	•	CONSCIENTIOUS, PERSISTENT, STABLE, RULE-BOUND (Strategic, superior strength) ✓
H		8	8	SPY, RESTRAINED, DIFFIDENT, TIMID (Practical)	•	•	•	•	•	•	•	•	•	•	•	VENTURESOME, SOCIALLY BOLD, UNINHIBITED, SPONTANEOUS (Patriot) ✓
I		6	5	TOUGH-MINDED, SELF-RELIANT, REALISTIC, NO-NONSENSE (Practical)	•	•	•	•	•	•	•	•	•	•	•	TENDER-MINDED, DEPENDENT, OVER-PROTECTED, SENSITIVE (Practical)
L		5	5	TRUSTING, ADAPTABLE, FREE OF JEALOUSY, EASY TO GET ON WITH (Altruist)	•	•	•	•	•	•	•	•	•	•	•	SUSPICIOUS, SELF-CONSCIOUS, HARD TO FOOL (Practical)
M		4	4	PRACTICAL, CAREFUL, CONVENTIONAL, REGULATED BY EXTERNAL REALITIES, PROPER (Practical)	•	•	•	•	•	•	•	•	•	•	•	IMAGINATIVE, WRAPPED UP IN INNER DREAMS, CARELESS OF PRACTICAL MATTERS, BOREDOM (Altruist)
N		4	4	FORTHRIGHT, NATURAL, ARTLESS, SENTIMENTAL (Altruist)	•	•	•	•	•	•	•	•	•	•	•	SHREWD, CALCULATING, WOOLLY, PENETRATING (Strategist)
O		4	5	PLACID, SELF-ASSURED, CONFIDENT, SERENE (Untroubled adequacy)	•	•	•	•	•	•	•	•	•	•	•	APPREHENSIVE, WORRYING, DEPRESSIVE, TROUBLED (Self-promotes)
P		4	5	CONSERVATIVE, RESPECTING ESTABLISHED IDEAS, TOLERANT OF TRADITIONAL DIFFICULTIES (Conservative)	•	•	•	•	•	•	•	•	•	•	•	EXPERIMENTING, CRITICAL, LIBERAL, ANALYTICAL, FREE-THINKING (Radical)
Q		4	8	GROUP-DEPENDENT, A "JOINER" AND SOUND FOLLOWER (Group adhesion)	•	•	•	•	•	•	•	•	•	•	•	SELF-SUFFICIENT, PREFERS OWN DECISIONS, RE-SOLUBLE (Self-sufficiency)
R		8	3	UNDISCIPLINED, SELF-COMPLACENT, FOLLOWS OWN IDEAS, CARELESS OF PROTOCOL (Low integration)	•	•	•	•	•	•	•	•	•	•	•	CONTROLLED, SOCIALLY PRECISE, FOLLOWING SELF-IMAGE (High self-concept control) ✓
S		4	4	RELAXED, TRANQUIL, TORMID, UNFURNISHED (Low ego function)	•	•	•	•	•	•	•	•	•	•	•	TENSE, FRUSTRATED, UNWELL OBTAINING (High ego function)

A star of 23% 4.6% 9.2% 13.7% 18.2% 22.7% 27.3% 31.8% 36.4% 41.0% is obtained by adding the raw scores of the 10 factors and dividing by 10.

REFERENCES

- Abubakkar Sithikh (2014). Personality trait associated with frequent Absenteeism. ***Proceedings of the UGC Sponsored National Conference on Enhancing Psychological Wellbeing, Organised by the Department of Psychology, Bharathiar University, Coimbatore, 20-21 Feb.***
- Cattell, RB., Eber, HW (1962). ***Manuals for Forms C and D 16 Personality questionnaire. "The 16 PF". Young adults and adults.*** USA: Institute of Personality and Ability Testing
- Cattell, RB., Herbert, WE., Tatsuoka, MM (1970). ***Handbook for the Sixteen Personality Factor Questionnaire (16 PF): Individual, Educational, Industrial and Research Psychology for use with all Forms of the test.*** Illinois : Institute of Personality and Ability Testing
- Chandramohan, V., Air Cmde Sengupta, AK., Sunilkumar, Kandhasamy, KS (1997). Personality profile of Air Traffic Controller. *J. of Aerospace Medicine.* 1997; 41 (2): pp. 53-60
- Chandramohan, V (1998). Application of Behaviour therapy and Ground simulator in the Management of Airsickness. ***Ph.D., Thesis.*** Bangalore University.
- Chandramohan (1991). Computerization of 16 Personality Factor Test. ***IAM/Project No. 139/1/89.***

Impact of Gender and Faculty on Study Habits and Attitudes of College Students

Dr. Indrajitsinh. D. Thakor¹

ABSTRACT:

The purpose of this study was to determine the attitudes of college students toward his study habits and attitudes. In this investigation also sought to ascertain of gender (Male and Female) and faculty (Arts and Commerce) influence towards study habits and attitudes. In this research paper study habits and attitudes inventory was used. The random sample (N=850) was taken from different colleges. (Male - 425 and Female – 425) out of 425 male, 213 were from arts and 212 were commerce faculty. Similarly, female group consisted of 425 female, 210 were from arts and 215 were commerce faculty. In this study the results indicated that there was no significant difference in study habits and attitudes of male and female. Similarly, on significant difference was found between arts and commerce faculty in study habits and attitudes. Detail are given in paper itself.

Keywords: *Typical Personality Profile Of School Students, Gender Difference*

Learning is a highly complex problem in psychology. We know the different psychologists have tried to explain it in their own ways. Many factors greatly influence the process of learning aptitudes viz, heredity, effects of environment, his maturity, his interest in the subject and capacity of understand, member of his family, friends, qualities of teacher, methods of learning etc.

Mostly every student select a particular method of study on the basis of his Study Habits and Attitudes. Study Habits undoubtedly make invaluable contribution to students future academic achievements and professional successes. Hence, it is necessary to acquire the knowledge of Study Habits and Attitudes of students by scientific methods.

OBJECTIVES OF STUDY:

- (i) To Study the impact of Gender on Study Habits and Attitudes Inventory.
- (ii) To Study the impact of Faculty on study Habits and Attitudes Inventory.

¹M & V ARTS AND COMMERCE COLLEGE, HALOL

Impact of Gender and Faculty on Study Habits and Attitudes of College Students

METHODOLOGY:

Sample:

The sample of the present study consisted of 850 respondents was randomly selected from different colleges. (Male – 425 and Female – 425) out of 425 male, 213 were from Arts and 212 were Commerce faculty. Similarly female group consisted of 425 female, 210 were from Arts and 215 were Commerce faculty.

Tool:

Study Habits and Attitudes Inventory, Constructed and Standardized by Dr .I.D.Thakor (2014) was used. The scale consists of 29 items. This inventory consisted of 29 items which includes 16 positive and 13 negative statements.

Hypotheses:

- (i) There will be no significant difference between the mean scores of Study Habits and Attitudes Inventory of male and female college students.
- (ii) There will be no significant difference between the mean scores of Study Habits and Attitudes Inventory of Arts and Commerce College students.

Procedure:

The data collected in small groups in the classroom situation. During the testing session respondents were instructed in brief about the purpose of investigation. They were instructed to read the items carefully and to put a tick mark in one of the provided spaces according to their opinion “YES” or “NO”. They were assured about confidentiality of their responses. All the forms put on transparency (Scoring Key) one by one and calculate row scores of all forms and then calculate MEAN, SD and “ t ” Value of data.

RESULTS AND DISCUSSION:

The finding of the study on problem of relationship between Gender and Faculty of Study Habits and Attitudes of College students, Result are given bellow.

TABLE:I Sample of the study

Sr. No	Gender	Faculty		Total
		Arts	Commerce	
01	Male	213	212	425
02	Female	210	215	425
03	Total	423	427	
04	Grand Total: 850			

Impact of Gender and Faculty on Study Habits and Attitudes of College Students

Table No: I, Shows that the total data of 850 respondents were collected for the study of impact of Gender and Faculty on Study Habits and Attitudes.

TABLE:II MEAN, SD and “ t ” Value of of Study Habits and Attitudes Inventory for Gender (Male and Female).

Sr. No	Gender	N	Mean	SD	df	“ t ” Value	Sig. Level
01	Male	425	17.84	4.56	848	0.09	NS*
02	Female	425	18.72	4.02			

*NS = Not Significant. Table Value.=1.96

Level of Significant.=0.05 Calculated t = 0.65

Table No: II Shows that the mean scores of Study Habits and Attitudes for Male and Female studying in college are 17.84 and 18.72 respectively. The “ t ” Value difference between in 0.09. Which is not significant at 0.05 level. The table value is 1.96 at 848 df. There for the null hypothesis is accepted. There for, it can be said that there is no significant difference between the mean scores of Study Habits and Attitudes of Male and Female college students.

TABLE:III MEAN, SD and “ t ” Value of of Study Habits and Attitudes Inventory for Faculty (Arts and Commerce).

Sr. No	Faculty	N	Mean	SD	df	“ t ” Value	Sig. Level
01	Arts	423	19.11	3.93	848	0.18	NS*
02	Commerce	427	17.46	4.53			

*NS = Not Significant. Table Value.=1.96

Level of Significant.=0.05 Calculated t = 0.18

Table No: III Shows that the mean scores of Study Habits and Attitudes for Arts and Commerce studying in college are 19.11 and 17.46 respectively. The “ t ” Value difference between in 0.18, Which is not significant at 0.05 level. The table value is 1.96 at 848 df. There for the null hypothesis is accepted. There for, it can be said that there is no significant difference between the mean scores of Study Habits and Attitudes of Arts and Commerce college students.

CONCLUSION:

- (i) In the present study there is no significant difference between Male and Female student on Study Habits and Attitudes Inventory. It shows that Gender does not play any significant role so far as Study Habits and Attitudes is concerned.
- (ii) In the present study there is no significant difference between Arts and Commerce student on Study Habits and Attitudes Inventory. It shows that Faculty does not play any significant role so far as Study Habits and Attitudes is concerned.

Impact of Gender and Faculty on Study Habits and Attitudes of College Students

REFERENCE:

- Andersson, Robert, P. and Kuntz, & James, E. (1959). The Survey of Study Habits and Attitudes In a College Counseling Center. *Personnel Guide*, 37
- Garrett, H. E. (1958). *Statistics in Psychology and Education*, (5th Ed.). Longmans, Green and Co., New York.
- Jamuar, K. K. (1973). *Study Habit of College Student*, Indian International Publication, P.B.79, Allahabad, India

Theoretical Review of Boredom and Ways to Eliminate

Kanchi.Madhavi¹

ABSTRACT:

Boredom is frequently considered inconsequential and has received relatively little research attention. We argue that boredom has important implications for human functioning, based on emotion theory and empirical evidence. Specifically, we argue that boredom motivates pursuit of new goals when the previous goal is no longer beneficial. Exploring alternate goals and experiences allows the attainment of goals that might be missed if people fail to reengage. Similar to other discrete emotions, we propose that boredom has specific and unique impacts on behavior, cognition, experience and physiology. Consistent with a broader argument that boredom encourages the behavioral pursuit of alternative goals, we argue that, while bored, attention to the current task is reduced, the experience of boredom is negative and aversive, and that boredom increases autonomic arousal to ready the pursuit of alternatives. By motivating desire for change from the current state, boredom increases opportunities to attain social, cognitive, emotional and experiential stimulation that could have been missed. We review the limited extant literature to support these claims, and call for more experimental boredom research.

Keywords: Review, Boredom, Eliminate

Boredom is subjective and elusive experience which everyone in their life feels it, it may be transient or chronic manner, but based on personality structures.

Usually boredom is taken granted as it is common experience, it has many faces can result in harmful stress that can lead to disease and accidents. Even though it is uncomfortable feeling, there is general acceptance of its presence.

BERGLER suggest that boredom is an emotional experience that tends to threaten the psychic balance of the individual. Most people suffer boredom silently: it is by their hectic and almost futile search for “fun” that they portray its presence.

Boredom is an affective mental state primarily caused by prolonged exposure to dull, uninteresting or monotonous stimuli.

Some definitions related to boredom

Boredom: an affective mental state primarily caused by prolonged exposure to monotonous stimulation.

Monotony: tedious uniformity or lack of variety.

¹Lecturer, Department of Psychology, College of social sciences and humanities, ADIGRAT University, Adigrat, Ethiopia.

Theoretical Review of Boredom and Ways to Eliminate

Apathy: lack of interest or concern.

Emptiness: lack of feelings.

Sensory deprivation: removal or minimization of sensory stimulation.

Tedium: disgust or weariness.

Ennui: feeling of mental weariness produced by lack of interest in surroundings.

Types of boredom:

There are mainly two types of boredom:

1. Normal boredom
2. Pathological boredom

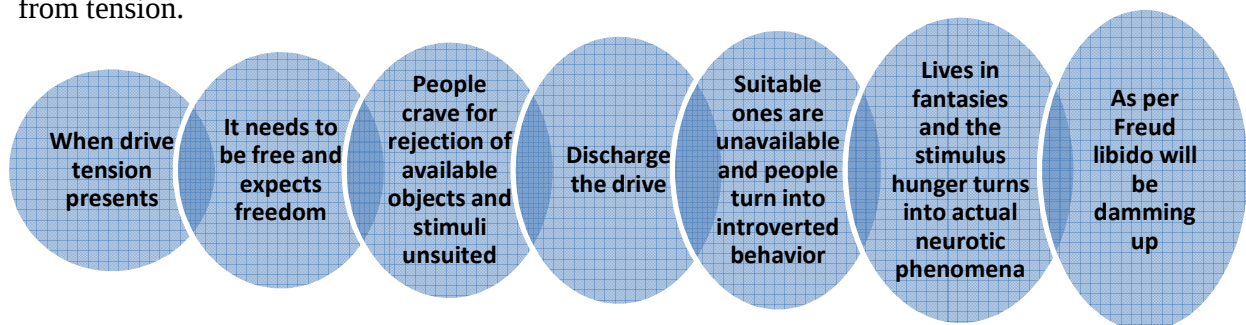
Another classification of boredom as per the modern psychologists:

1. Apathetic boredom: Repression of forbidden instincts and a decreased imagination
2. Agitated boredom: Secondary state caused by failure of available activities to gratify wishes and fantasies
3. Responsive boredom: Inevitable reaction to a monotonous task or life situation
4. Chronic boredom: Occurs from extraneous multiple factors
5. Interpersonal boredom: Occurs when other people are present

Harlow Shapley placed boredom as the third in a list of five possible causes of world destruction. Gosline reports “boredom is not a unified concept but rather comes in many flavors”.

According to OTTO FENICHEL ‘ BOREDOM is a feeling of displeasure due to a conflict between a need for intensive psychological activity and lack of stimulation or inability to be stimulated thereto’. The displeasurable experience of a lack of impulse. Everyone ought to expect displeasurable drive tensions and pleasurable drive gratifications. It is also presented in another way like “displeasurable impulses and pleasurable lack of impulses, the displeasurable lack of impulse is BOREDOM”.

Boredom is not only lack of impulses it is also need for intensive psychic activity and freedom from tension.



In boredom, drive tension appears but aim is missing and the aim is repressed. As usual the person is turned to external world but he cannot be stimulated. Drive demand conflict exists due to the inability to become stimulated. Psycho-dynamically, ID want drive action external world to substitute, but EGO does not want to substitute but it wants to divert or distract the individual. Theories related to boredom:

Theoretical Review of Boredom and Ways to Eliminate

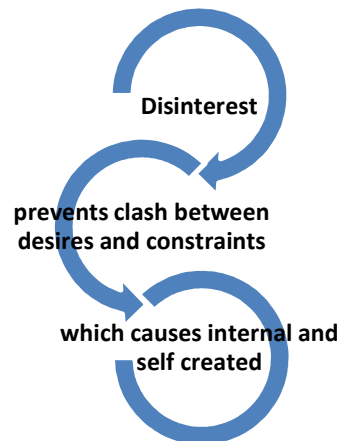
Biological theory:

Boredom is inattention, and disinterest in environment stimulus.

Inattention as a consequence develops boredom which is related to physical maturation i.e., cortical maturation and myelination of certain nerve fibers in not completed until 12 years. Other biological theories link with boredom are with decreased heart rate and increased erratic heart rate, and also associated with personal life, occupation and attitude.

Psychoanalytical theory:

In general boredom is perceived as a complicated, internal and affective experience that results in the clients disinterest in the environment.

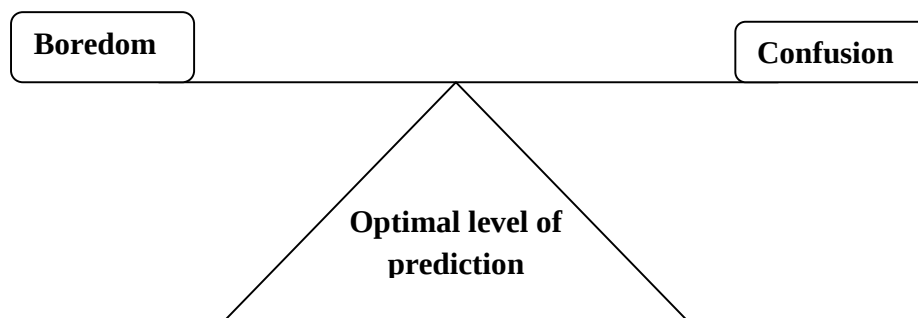


Fenichel believed that bored clients relate originally to a lack of empathic mothering. People frequently relieved bored feelings by oral activities such as eating, drinking and smoking. Bored clients with Narcissistic Needs– express vague complaints, feelings of emptiness and lack of imitativeness.

Bored clients with Oral Sadistic Needs– abuse substances and other mouth ingested items.

Behavioral theory:

Behaviorist believed boredom is caused by client's environment. Boredom is a unique psycho-physiological state which is unusual emotional response to predictability. When predictability is too much it causes boredom, if it is too little it causes confusion. Because of boredom task performance is impaired and also perceptions altered, which leads to accidents or injuries. So, it is necessary to maintain optimal level of prediction.



Theoretical Review of Boredom and Ways to Eliminate

Some bored clients find a reward in boredom. When they are bored they focus on the past and the familiar. By choosing known over the unknown, they avoid undesired emotions.

Cognitive theory:

Cognitive theories believe that lack of attention is a factor for development of boredom.

Parkinand Hillfound that a person could initially be interested in the task only to become bored later because of his own perceptions and response to the situation.

Sociocultural theory:

Boredom is caused less by personality traits that by the various situations in which people find themselves. During social upheavals boredom and apathy are caused. Sociologist linked boredom with physical diseases, cruelty and nihilism.

According to Bertrand Russell (1930) boredom “-at least half the sins of the mankind are caused by the fear of it”.

How boredom can be eliminated:

Figure out what you really want to do - Boredom often masks a problem where you want to do a particular activity but something is preventing you. This could happen when you want to watch your favorite television show, but the cable is out. When this happens, the first step to killing boredom is to simply recognize the activity that you truly want to be doing.

Nuke procrastination - Procrastination can cause boredom if there aren't any distractions available to take your mind off your task. If this is the case to eliminate the wait and get busy again.

Get your compass straight - Boredom can just as easily be caused by a lack of direction. Spend a few minutes identifying your goals, desires or passions. Sometimes simply bringing up these can get you motivated again.

Socialize - Get out and meet some friends, or make some new friends. Boredom can often disguise a lack of social energy. Even if you can't see how to meet new people in your area and your friends are busy, go to an online forum that shares one of your interests or pick up a phone.

Put off your boredom - Take a look at your to-do list. Commit to doing just one tiny task on that list before you find something fun to do. Often putting off your boredom for a few minutes by being productive can kick the feeling.

Learn something new - Perhaps what you need is some mental stimulation. Here are some fast things you can do to start learning something new:

- Read a book
- Research a topic you're interested in online
- Write a short story
- Pull up Photoshop and practice your artistic skills.

Cut off distractions - Boredom can happen when you are doing a low value task, like random internet surfing or watching television shows that don't interest you. Distractions can be a black hole, sucking you into a prolonged state of disinterest. Turn off the television or computer and start moving around until you find something better to occupy you.

Theoretical Review of Boredom and Ways to Eliminate

Fill schedule holes - Too much time is often worse than no time at all. It can be difficult to adjust to the boredom when you suddenly have a schedule vacuum. So many often find themselves getting irritated during holiday periods where their normally busy schedule empties. Spend a few minutes to fill schedule holes to prevent boredom in the first place.

Become your own cheerleader - Take some time to review your wins and high points so that you can restore some confidence and keep moving.

Meditate - This has become everyone's default activity in cases of extreme boredom.

Journal - Open up a word document and just start writing. This works similarly to meditation, although it is a bit more active and less imaginative.

Add a new challenge - If you find yourself consistently bored, this usually means you have a section of time where you don't have an activity that meets your needs. Add a new goal, challenge or hobby to fill up the time.

REFERENCES:

- Bargdill RW. A phenomenological investigation of being bored with life. Psychol Rep. 2000 Apr;86(2):493-4.
- Bench SW, Lench HC. On the function of boredom. BehavSci (Basel). 2013 Aug 15;3(3):459-72.
- Esman AH. Some reflections on boredom. J Am Psychoanal Assoc. 1979;27(2):423-39
- Harju L, Hakanen JJ, Schaufeli WB. Job boredom and its correlates in 87 Finnish organizations. J Occup Environ Med. 2014 Sep;56 (9):911-8.
- Van Hooff ML, Van Hooft EA. Boredom at work: proximal and distal consequences of affective work-related boredom. J Occup Health Psychol. 2014 Jul;19(3):348-59.
- <http://www.ncbi.nlm.nih.gov/pubmed>
- <https://www.google.co.in/#q=boredom>
- <http://99u.com/articles/7188/why-boredom-is-good-for-your-creativity>

A Study of Anxiety among Internet Addicts and Non Addicts

Pratika C. Sankhesara¹, Dr. S. M. Makavana²

ABSTRACT:

Present research has done to know the effect of Internet Addicts and Non Addicts on Mental Health. For this Total number of sample was 480 in which 240 Internet Addicts from the age group of 13-19, 20-30, and 30- up years. And 240 non Addicts were taken the same age group. For the data collection Comprehensive anxiety test (2006) by Sharma, Bhardwaj and Bhargava was used for data analysis, 2x2x3 factorial design was used and data were analysis by „F“ test. Concluded result ANOVA was used. According to the results show that there are significant differences in the Anxiety factor due to age at 0.01 levels. It is seen that the mean of age group-1 (13-19years) is 30.975, age group-2 (20-30years) is 26.656 while the same for age group-3 (31and above) is 24.281. Thus we can say that Anxiety is found to be higher among age group-1 compared to the group-2 and group-3 subjects. In the anxiety it implies that age group-1 effect motivates the individual to cope with day problems better then age group 2 and 3.

Keywords: *Anxiety, Internet Addicts*

Anxiety is distinguished from fear, which is an appropriate cognitive and emotional response to a perceived threat and is related to the specific behaviors of fight-or-flight responses, defensive behavior or escape. Anxiety occurs in situations only perceived as uncontrollable or unavoidable, but not realistically so. David Barlow defines anxiety as "a future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events," and that it is a distinction between future and present dangers which divides anxiety and fear. Another description of anxiety is agony, dread, terror, or even apprehension. In positive psychology, anxiety is described as the mental state that results from a difficult challenge for which the subject has insufficient coping skills.

Fear and anxiety can be differentiated in four domains: (1) duration of emotional experience, (2) temporal focus, (3) specificity of the threat, and (4) motivated direction. Fear is defined as short lived, present focused, geared towards a specific threat, and facilitating escape from threat; while anxiety is defined as long acting, future focused, -

¹Ph.d researcher, Department of Psychology, Sardar Patel University

²Professor, Department of Psychology, Sardar Patel University

Editor in Chief, IJIP

A Study of Anxiety among Internet Addicts and Non Addicts

-broadly focused towards a diffuse threat, and promoting excessive caution while approaching a potential threat and interferes with constructive coping. Symptoms of anxiety can range in number, intensity, and frequency, depending on the person. While almost everyone has experienced anxiety at some point in their lives, most do not develop long-term problems with anxiety.

The behavioral effects of anxiety may include withdrawal from situations which have provoked anxiety in the past. Anxiety can also be experienced in ways which include changes in sleeping patterns, nervous habits, and increased motor tension like foot tapping.

The emotional effects of anxiety may include "feelings of apprehension or dread, trouble concentrating, feeling tense or jumpy, anticipating the worst, irritability, restlessness, watching (and waiting) for signs (and occurrences) of danger, and, feeling like your mind's gone blank" as well as "nightmares/bad dreams, obsessions about sensations, déjà vu, a trapped in your mind feeling, and feeling like everything is scary."

The cognitive effects of anxiety may include thoughts about suspected dangers, such as fear of dying. "You may ... fear that the chest pains are a deadly heart attack or that the shooting pains in your head are the result of a tumor or aneurysm. You feel an intense fear when you think of dying, or you may think of it more often than normal, or can't get it out of your mind."

PROBLEM OF STUDY

The problem of the present study is as under:
"A Study of Anxiety among Internet Addicts and Non Addicts"

OBJECTIVES:

- 1) To study of Anxiety among internet addict and non - addict.
- 2) To study of Anxiety among male and female.
- 3) To study of Anxiety among different types of age.
- 4) To study of the effect of interaction on Anxiety among Type of people and Gender.
- 5) To study of the effect of interaction on Anxiety among Type of people and Age.
- 6) To study of the effect of interaction on Anxiety among Gender and Age.
- 7) To study of the effect of interaction on Anxiety among Type of people, Gender and Age.

HYPOTHESIS:

1. There is no significant difference between Internet addict and Non addict with regards to Anxiety.
2. There is no significant difference between Males and Females with regards to Anxiety.
3. There is no significant difference between different Age groups with regards to Anxiety.

A Study of Anxiety among Internet Addicts and Non Addicts

4. There is no significant interaction effect between Type of people and Gender with regards to Anxiety.
5. There is no significant interaction effect between Type of people and Age with regards to Anxiety.
6. There is no significant interaction effect between Gender and Age with regards to Anxiety.
7. There is no significant interaction effect between Type of people, Gender and Age with regards to Anxiety.

VARIABLES:

The variables of present study are having given in following.

In dependent variable:

Name of the Variables	Nature of the Variables	Level of Variables	Name of the Level
Type of Addicts	Independent Variable	2	Internet Addicts
			Non Addicts
Gender	Independent Variable	2	Males
			Females
Age	Independent Variable	3	13-19 years
			20-30 years
			31- up years

Dependent variable:

Comprehensive anxiety test (2006)

Constructed & standardized by Sharma, Bhardwaj and Bhargav

METHODOLOGY:

Research design:

This research will be adopted 2×2×3 factorial design as well as 1st is type of people (internet addicts and non- addicts)2nd is gender (males and females)3rd is age (13-19, 20-30, 31- up years).

A Study of Anxiety among Internet Addicts and Non Addicts

	A1		A2		Total
	B1	B2	B1	B2	
C1	40	40	40	40	160
C2	40	40	40	40	160
C3	40	40	40	40	160
Total	120	120	120	120	480

A = Addicts

A1 = Internet Addicts

A2 = Non internet addicts

B = Gender

B1 = Male

B2 = Female

C = Age

C1 = 13-19

C2 = 20-30

C3 = 31 and above

SAMPLE

In this study, the sample was divided into 2 groups. The 1st was Experimental Group, in which there were 240 internet addicts (120 males & 120 females) & another group was Control Group, in which there were 240 non addict persons (120 males & 120 females). The selection of age group was 13-19, 20-30 & 31-up years. The group comprised of 480 persons, in which 120 males & females were internet addicts & rest 120 males & females were non addict persons.

TOOL:

The following tools were used in the present study:

Personal Datasheet:

A Personal data sheet developed by investigator will used to collect information about type of people, gender, and age.

Comprehensive anxiety test (2006)

Constructed & standardized by Sharma, Bhardwaj and Bhargav

It contains 90 true & false items and the tool measured by using the test and two methods, the One is product moment correlation and another is split-half method for 100 males & females. The reliability is 0.83 by product moment method & 0.94 by split-half method and validity is 0.82.

A Study of Anxiety among Internet Addicts and Non Addicts

PROCEDURE:

After establishing report Comprehensive anxiety test was administered individuals to every subject. All the instruction were strictly following which are been given the manual of test. The responses of inventory have scored as per scoring keys. This has given in the manual of test. The data was categories and arranged in respective table.

STATICALLY ANALYSIS:

The main aim of the present research is to study and compare to Anxiety between internet addict and non-addict person. Scoring was done as per scoring key of the inventory to examine significantly difference between internet addict and non-addict person. For data analysis ANOVA was used.

RESULTS AND DISCUSSION:

Table No. 1: Shows the univariate analysis of variance ('F' test) of the Anxiety for the type of people, gender and age at 0.05 level of significant.

Source	Type III Sum of Squares	df	Mean Square	F	Level of Sig.
SSA	621.075	1	621.075	3.385	NS
SSB	192.533	1	192.533	1.049	NS
SSC	3685.254	2	1842.627	10.041	0.01
SSA*B	73.633	1	73.633	0.401	NS
SSA*C	543.488	2	271.744	1.481	NS
SSB*C	538.579	2	269.29	1.467	NS
SSA*B*C	787.529	2	393.765	2.146	NS
Error	85879.5	468	183.503	-	-
Total	450170	480	-	-	-

df1 = 0.05 - 3.85, 0.01 - 6.66

df2 = 0.05 - 3.00, 0.01 - 4.62

DISCUSSION:

As observed from Table No.1 above, the null HO 1 states that there is no significant difference in the Anxiety scale due to Type of People (internet addict and non-addict) is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

The null HO 2 states that there is no significant difference in the Anxiety factor due to gender in the internet addict and non-addict people is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

A Study of Anxiety among Internet Addicts and Non Addicts

The null HO 3 states that there is significant difference in the Anxiety factor due to age in the internet addict and non-addict people is rejected at 0.01 level of significant. This shows that there are significant differences in the Anxiety factor due to age. It is seen that the mean of age group-1 (13-19years) is 30.975, age group-2 (20-30years) is 26.656 while the same for age group-3 (31and above) is 24.281. Thus we can say that Anxiety is found to be higher among age group-1 compared to the group-2 and group-3 subjects. In the anxiety it implies that age group-1 effect motivates the individual to cope with day problems better then age group 2 and 3.

The null HO 4 states that there is no significant difference in the Anxiety factor due to type of people and gender is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

The null HO 5 states that there is no significant difference in the Anxiety factor due to type of people and age is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

The null HO 6 states that there is no significant difference in the Anxiety factor due to gender and age is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

The null HO 7 states that there is no significant difference in the Anxiety factor due to type of people, gender and age is accepted at 0.05 level of significance. This means the difference between the two is statistically non-significant.

CONCLUSION:

1. There is no significant difference between Internet addict and Non addict with regards to level of Anxiety.
2. There is no significant difference between Males and Females with regards to level of Anxiety.
3. There is significant difference between different Age groups with regards to level of level of Anxiety.
4. There is no significant interaction effect between Type of people and Gender with regards to level of Anxiety.
5. There is no significant interaction effect between Gender and Age with regards to level of Anxiety.
6. There is no significant interaction effect between Type of people and Age with regards to level of Anxiety.
7. There is no significant interaction effect between Type of people, Gender and Age with regards to level of Anxiety.

REFERENCES:

Ohman, Arne (2000). "Fear and anxiety: Evolutionary, cognitive, and clinical perspectives". In Lewis, Michael; Haviland-Jones, Jeannette M. Handbook of emotions. New York: The Guilford Press. pp. 573–93. ISBN 978-1-57230-529-8.

Barlow, David H. (2000). "Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory". *American Psychologist* 55 (11): 1247–63.

Iacovou, Susan (July 2011). "What is the Difference Between Existential Anxiety and so Called Neurotic Anxiety?: 'The sine qua non of true vitality': An Examination of the Difference Between Existential Anxiety and Neurotic Anxiety". *Existential Analysis* 22 (2): 356–67. ISSN 1752-5616.

Sylvers, Patrick; Lilienfeld, Scott O.; Laprairie, Jamie L. (2011). "Differences between trait fear and trait anxiety: Implications for psychopathology". *Clinical Psychology Review* 31 (1): 122–37.

Smith, Melinda (2008, June). Anxiety attacks and disorders: Guide to the signs, symptoms, and treatment options. Retrieved March 3, 2009, from Helpguide

Tillich, Paul (1952). *The Courage To Be*. New Haven: Yale University Press. p. 76. ISBN 0-300-08471-4.

Web site:

http://www.helpguide.org/mental/anxiety_types_symptoms_treatment.htm

<http://www.anxietycentre.com/anxiety-symptoms.shtml>

<https://en.wikipedia.org/wiki/anxiety>

Challenging Behaviours among Children with Autism

S.Saradha Priyadarshini¹, Dr. S. Thangarajathi²

Keywords: *Behaviours, Children, Autism*

Children are very social creatures who need and want contact with others to thrive and grow. They smile, cuddle, laugh, and respond eagerly to games like "peek-a-boo" or hide-and-seek. Occasionally, a child does not interact in this expected manner. Instead, the child seems to exist in his or her own world, a place characterized by repetitive routines, odd and peculiar behaviours, problems in communication, and a total lack of social awareness or interest in others. These are characteristics of a developmental disorder called autism.

Autism is a complex developmental disability that typically appears during the first three years of life and is the result of a neurological disorder that affects the normal functioning of the brain, impacting development in the areas of social interaction and communication skills. Children with autism will have difficulty in understanding and reacting to the world around them. Parents can easily identify the condition in the early years of child's life by noticing the characteristics present in them. Some of the common characteristics are as follows

1. Impaired social relationships
2. Communication and language deficits
3. Unusual responsiveness to sensory stimuli
4. Insistence on sameness and preservation
5. Ritualistic and unusual behaviour patterns
6. Behaviour problems

Among all these challenging behaviours are the most challenging and stressful issues faced by the parents.

CHALLENGING BEHAVIOURS AMONG CHILDREN WITH AUTISM

Children with autism will express unwanted behaviour often and is not easily managed. Some of the behaviours identified by Aman & et.al (1996) are

¹Ph.D Scholar, Department of Educational Technology, Bharathiar University, Coimbatore-46

²Assistant Professor, Department of Educational Technology, Bharathiar University, Coimbatore-46

Challenging Behaviours among Children with Autism

1. Conduct problem

The term conduct problem refers to identifiable behaviours in the individual that fail to conform to societal norms and encroach on the rights of others. Some examples include oppositional and defiant behaviours and antisocial activities like lying, stealing, running away and physical violence.

2. Insecure

It is the state of being anxious or afraid

3. Anxiousness

It is characterized by extreme uneasiness of mind or brooding fear about some contingency

4. Hyperactivity

Hyperactivity is a physical state in which a person is abnormally active.

5. Self-injury

Self-harm behaviour includes any deliberate attempt to harm or destroy body tissue. Examples of self-harming behaviours include cutting, burning, head-banging, and severe scratching.

6. Stereotypic behaviour

A stereotypic behaviour is a repetitive or ritualistic movement, posture, or utterance. Stereotypes may be simple movements such as body rocking, or complex, such as self-caressing, crossing and uncrossing of legs, and marching in place

7. Self isolation

Social isolation refers to a complete or near complete lack of contact with society for members of social species

8. Ritualistic behaviour

Ritualistic behaviour is basically a pattern of behaviour that someone follows without realizing they are doing so. Examples of common ritualistic behaviours are continual hand washing, hoarding of unneeded items, and bizarre mannerisms.

9. Irritable

Irritability is an excessive response to stimuli. The term is used for both the physiological reaction to stimuli and for the pathological, abnormal or excessive sensitivity to stimuli. It is usually used to refer to anger or frustration.

Finally these challenging behaviours become barriers to effective social and educational development (Horner et al, 2000 & Riechle, 1990). It will also hinder the activities of children in the classroom environment and produces a challenging task for teachers to manage them. Those behaviours in turn will put the young children at risk for exclusion and isolation from social, educational, family, and community activities (Sprague and Rian, 1993).

Challenging Behaviours among Children with Autism

CAUSE FOR THE PROBLEM BEHAVIOURS

Problem behaviour among children occurs due to a variety of causes and is noted in various situations. Some of the major causes of the behaviour problems are as follows.

1. Sensory issues

Children with autism are overwhelmed by sensory stimuli which fail them to effectively process the information from the outside world and assimilate in their brains. A decreased ability to process information leads to increased self stimulating behaviours.

2. Social triggers

Children with autism will not be interested in interacting with other people. He will be isolated being in his own world engaging in repetitive and unwanted behaviours.

3. Communication problems

Child will get frustrated if he is not able to communicate. The cause might be due to bad reflux that's hurting his throat, or he might be non verbal child. Eg: A child who is non verbal will not be able to express his needs and that time he will try to exhibit his needs through certain kinds of unwanted behaviours like screaming, crying, hitting self, and kicking etc.

4. Interests

The child might be inattentive in the classroom because he is not interested in that particular activity.

NEED FOR THE STUDY

It is vital to know the common behaviour problems present among children with autism so that necessary intervention strategies can be designed and implemented to overcome it. Thus the present study has made an attempt to identify the challenging behaviours among children with autism.

OBJECTIVES OF THE STUDY

1. To find out the significant difference, if any in the challenging behaviours present among male and female children with autism
2. To find out the significant difference, if any in the challenging behaviours present among children with autism belonging to different age group
3. To find out the significant difference, if any in the challenging behaviours present among verbal and non verbal children with autism

HYPOTHESIS OF THE STUDY

1. There is no significant differences in the challenging behaviours present among male and female children with autism
2. There is no significant differences in the challenging behaviours present among children with autism belonging to different age group

Challenging Behaviours among Children with Autism

3. There is no significant differences in the challenging behaviours present among verbal and non verbal children with autism

METHOD OF STUDY

Descriptive Survey method was adopted for the present study

POPULATION AND SAMPLING

Children with autism were considered as the population for the present study. The sample included 30 children with autism selected randomly from a special school located at Coimbatore city.

TOOLS OF THE STUDY

- The Nisonger Child Behaviour Rating Form – Teacher Version developed by Aman & et.al. (1996) was used to identify the challenging behaviours among children with autism.
- The personal information sheet was also used in order to obtain background information of the sample.

STATISTICAL TECHNIQUES

1. Percentage
2. Mean
3. Standard deviation
4. t Test
5. Anova

ANALYSIS AND INTERPRETATION

1. Challenging Behaviours Faced By Children With Autism With Respect To Their Gender

Table 1: Mean SD and F value for challenging behaviours with respect to their gender.

Variables	Groups	N	Mean	SD	t/F Value
Gender	Male	23	34.91	15.574	1.871
	Female	7	37.43	20.272	(NS)

*Significant at 0.05 level

NS - Not significant at 0.05 level

The above table reflects the influence of gender in challenging behaviours of children with autism. It is depicted that the calculated 't' value (1.871) is lesser than the table value and is not significant at 0.05 level. Hence the hypothesis "There is no significant differences in the challenging behaviours present among male and female children with autism" is accepted. Therefore it can be concluded that the gender does not influence the challenging behaviours of children with autism

Challenging Behaviours among Children with Autism

2. Challenging Behaviours Faced By Children With Autism With Respect To their age.

Table 2: Mean, SD and F value for challenging behaviours with respect to age group.

Variables	Groups	N	Mean	SD	t/F Value
Age	5 years & below	4	20.25	7.719	2.566*
	6-10 yrs	17	35.94	14.973	
	above 10 yrs	9	41.44	18.769	

*Significant at 0.05 level

NS - Not significant at 0.05 level

The table (2) presents the influence of age on challenging behaviours of children with autism. It is revealed that the calculated 't' value (2.566) is higher than the table value and is significant at 0.01 level. Thus the stated hypothesis "There is no significant differences in the challenging behaviours present among children with autism belonging to different age group" is rejected. Further the mean value shows that the students belonging to the age group 6-10 years possess more challenging behaviours than others. Therefore it is reflected that the age exert a great influence upon the challenging behaviours of children with autism.

Table 3: Mean, SD and F value for challenging behaviours with respect to mode of communication.

Variables	Groups	N	Mean	SD	t/F Value
Communication mode	verbal	16	41.31	15.882	2.213*
	Non verbal	14	28.86	14.920	

*Significant at 0.05 level

NS - Not significant at 0.05 level

This table reflects the influence of mode of communication upon the challenging behaviours faced by children with autism. It is revealed from the table that the calculated 't' value (2.213) is higher than the table value and is significant at 0.01 level. Further the mean value reveals that the more challenging behaviours are present among children with verbal communication. Hence the stated hypothesis "There is no significant differences in the challenging behaviours present among verbal and non verbal children with autism" is rejected.

MAJOR FINDINGS AND INTERPRETATIONS

1. There is no significant difference in the challenging behaviours present among male and female children with autism
2. There exist significant differences in the challenging behaviours present among children with autism belonging to different age group.
3. Students belonging to the age group 6-10 years possess more challenging behaviours than other children.
4. There is significant differences in the challenging behaviours present among verbal and non verbal children with autism
5. Children with verbal communication are facing more challenging behaviours than that of the non verbal

RECOMMENDATIONS OF THE STUDY

The following are the recommendations for further research

1. The present study can be extended to different locations
2. Assessment can be made to a large number of samples
3. Necessary interventions can be made and implemented in order to overcome challenging behaviour

CONCLUSION

The present study showers a lime light for the teachers to determine the various behaviour issues faced by the children with autism. It also helps parents to understand the problem behaviours and to analyze the factors causing it. Also this study will direct the teachers and parents to design and implement the necessary intervention strategies in order to help the child to get rid of the problem behaviours.

REFERENCES

- Aman, M. G., Tasse, M. J., Rojahn, J., & Hammer, D. (1995). The Nisonger Child Behaviour Rating Form. Columbus, OH: Nisonger Centre for Mental Retardation and Developmental Disabilities, Ohio State University.
- Aman, M. G., Tassé, M. J., Rojahn, J., & Hammer, D. (1996). The Nisonger CBRF: A Child Behavior Rating Form for children with developmental disabilities. *Research in Developmental Disabilities*, 17, 41-57.
- Tassé, M. J., Aman, M. G., Hammer, D., & Rojahn, J. (1996). The Nisonger Child Behavior Rating Form: Age and gender effects and norms. *Research in Developmental Disabilities*, 17, 59-75.
- Mangal, S.K. (2006): *Statistics in Psychology and Education*, 2nd ed. Prentice Hall of India Private Limited, New Delhi.

Lonely Together: The Psychological Divide Due to Social Networking Sites

Aastha Dhingra¹

ABSTRACT

We live in a world full of judgment and competition, inescapably comparing ourselves and being compared to those around us. The types of actions users take and the kinds of information they are adding to their Facebook walls and profiles are a reflection of their identities. You are your Facebook, basically, and despite all its socialness, Facebook is a deeply personal medium.

The time spent earlier during a car ride to a daydream, or building fantasies during lunchtime at work, or those small breaks one took to gaze outside the window are now all time to connect with technology, reply to a text, log on to websites and check email or notifications. I feel robbed on my aloneness, to be rather a buzz of constant communication, that hinders my every moment, and there is always someone to reply to.

I finalized this topic because I wanted to explore the need of projection of an online identity of one's self and if it is the performance and the constant simulation that keeps us stimulated and addicted or is it the reflection of the real onto our screens, because some of us project and consume, idealized images through Facebook, and researchers have been trying to figure out how all this flawlessness affects us in the real world.

Keywords: *Social Networking Sites, Self Esteem, Psychological Well Being, Lonely Together, Facebook*

"I'm about to bake cookies for my boyfriend!" "I have 2 job interviews this week!" "I just had the most romantic night ever!"

Do any of these sentiments sound familiar to you? It's not a foreign concept that Facebook status updates may be geared toward all the positive occurrences in one's life. It's also likely that when some scroll through their news feeds, they're comparing these successes to their own lives.

¹Director, AD Executive Training & Coaching Pvt. Ltd.

Lonely Together: The Psychological Divide Due To Social Networking Sites

As if people did not already have enough things to worry about when they leave the house, the internet can do a good job of adding to social neurosis. Think about leaving the house looking your absolute best. Are people complementing your new haircut, are they craning their necks to see your wicked-cool mustache? How do you feel when you notice people not noticing you? I think everyone has gone out feeling like this at one point or another, and I believe that what you think people think of you has a lot of import into what you take your identity to be. But now people can form opinions of you without you ever even having to leave your house, from the second a person lays eyes on your profile picture they have an opinion of you formed.

I resisted when they told me it was the hottest thing ever, I resisted even when I was left out of conversations because I didn't know what they were talking about, I resisted being tagged or poked or looked at whenever one fancies it. I had my high and mighty reasons of not being pushed, just so that I belong, I did not want to be faced with dilemmas and people from my past, I was so comfortable with the idea that some people are left behind and we carry forward some for a reason. It was purposeless, non-constructive and I chose to be unavailable. And yet here I am with people in my friend list who aren't my friends, being poked or tagged, distributing hugs and kisses, hearts and love-you's to people I would not even want to see, jostling out of invitations for parties and coffees. I got addicted and I have seen my friends addiction towards social networking sites like facebook etc to the limit that my topic of study is to understand the powerful need that is being met by myself and a million other selves who are in the predicament that I'm in, I need to understand how that identity that I have created for my friends has taken on such an important, such an essential role in my life. When did people's value judgment become the notifications and highlights of my day?

When I 'like' comments and statements and I am told that a 45 more people also like this, do I then feel one with the world and more acceptable or is my uniqueness threatened? Am I seeking validation through Facebook and other social networking sites, of my actions and movements and creating performances of everyday ordinary events to make them more entertaining so that people comment or like me? Is the symbol then more important than what it symbolizes? We are fed with this simulated self as a better self and we lap it up.

I need to understand the powerful need that is being met by my self and a million other selves who are in the predicament that I'm in, I need to understand how that identity that I have created for my 487 and counting friends has taken on such an important , such an essential role in my life. When did people's value judgement become the notifications and highlights of my day? During this study, I explore the need of a projection of an online identity of one's self and the creation of this community as a mirror of the social order 'reality'. Is it the performance and the constant simulation that keeps us stimulated and addicted or is it the reflection of the real onto our screens. This made me think of a need of a perfect identity, of a human need to showcase only that which is best and acceptable. So, then is Facebook feeding into our narcissism?

Facebook now decides what the vital statistics of my personality are, what is important to share and what aspects can be ignored. The personality traits, likes, dislikes can even be manipulated

Lonely Together: The Psychological Divide Due To Social Networking Sites

to create who I want to be, rather than who I am. And then I guard my wall, my friend lists, my comments etc. to live up to the identity that I have created online.

People are beginning to realise that something is amiss and are beginning to think more about their needs and fantasies, wants and disappointments with their online identities. In humour, in satire, in parody, we often convey that which we are unable to formulate or admit to. During the course of this research I came across numerous such videos and texts that made fun of the constant connection and the ‘friendships’ that Facebook has to offer.

At the same time Facebook opens up avenues to compare your life with the way other’s has turned out. One can stalk the achievers and popular people from their past and compare their lives with them to nitty gritty out aspects that would salvage a sense of achievement in one self. In real life, if you were to meet an acquaintance and discover their unhappy life, would you still gloat as much on your own small victories as opposed to them? In fact, how would such an encounter even be available to you without facebook? Does Facebook then turn us into objects that can be judged and compared against? It is feeding into my voyeurism and scarily enough knows what ticks me.

A blogger recently proclaimed how Facebook shall be the end of volition as we know it, because it will begin to read people so well such that it will give people better life choices than people can present themselves with.

Even as I write this and if you are reading this on a computer the chances of a Facebook window open in the background or a notification reaching your phone or computer device of any kind is very high. Every major website now has affiliations with Facebook to use its userbase or help user connect to that website through Facebook. It’s almost like the internet’s new face is Facebook, but also it permeates beyond, reaches our lives and changes us.

We all know how the definition of the word “friend” has been challenged by social media. Our circles have grown to include everyone from best buddies to co-workers, to kindergarten classmates and friends of friends of friends, to strangers. Connecting with this vast online community can topple our sense of self, according to *Malkin*. He says many 20-somethings are telling him and his colleagues that they actually “hate” Facebook — even though they’re on it a lot. When people go on to Facebook they’re often crafting a persona — they’re portraying themselves at their happiest. They’re often choosing events that feel best to them and they’re leaving out other things.”

You can literally airbrush your pictures online for free. I know about it and, I’ve done this too. You upload your picture and you can take out all your little pimples and stuff to make it look like your skin is perfect, your hair is perfect. These picture-perfect images can be especially difficult for teenagers to grapple with because they’re often hyper-conscious of measuring up to their peers. It’s a tender and critical stage in life — a time for forming an understanding of who you are. It affects an individual deeply because part of the way we develop a strong sense of self and

Lonely Together: The Psychological Divide Due To Social Networking Sites

identity is by being known and known by others — appreciated. They see who we are, and they value who we are, including our flaws.

I have seen and heard many people insisting that Facebook is just another website we are on, that there really isn't much going on behind the behaviour patterns we display online, that nothing much has changed about our interactions and communication patterns with friends. Facebook seems to have tapped into some needs of ours that we are either not fully aware of or are unwilling to explore further.

The textual nature of all conversation and excited Status shuffle, when someone writes their thoughts down, is more often than not that the articulation of the kind that has allowed for a more formulated thought and so I love these little updates about people whom I know, as if catching fleeting thoughts. So the moment you log onto facebook, it makes available in the news feed, so much of new data, information, thoughts, ideas, pictures, questions, that to one who is not used to the page, it is a mysterious array, a kaleidoscopic view of scattered ideas.

The peculiar dynamism that media seems to bring to human beings is long since being documented. However subtle or obviously man has evolved with media has been a topic of discussion for long. Since the printing press, the evolution of media and man with it has been rapid. More connectivity and now constant online communication has changed interactions and relationships and in changing the nature of these, in changing the other it has of course changed the self. As one tries to catch up in this fast paced change in technology and reach an understanding of the man as he stood in that split second before the scenario changes again, we can only realise that this is not going to stop but that should not stop our efforts at catching up.

There has been a substantial amount of work done on the media changing man in the past and the present, but for the purposes of the research and in keeping with how I am to arrive at the present only to note that it has become the past, I shall primarily focus the review of literature onto those texts only which highlight the change that has been brought out with the internet and in particular social networking. Also in order to build a base to what I have to say now, I shall review some other texts which are a window unto this work and have emerged from the theoretical background I am comfortable with hence, it is imperative I introduce them to the reader.

Sherry Turkle writes, “Technology proposes itself as the architect of our intimacies. It suggests substitutions that put the real on the run.”⁷ Technology has begun catering to our needs of intimacies with just the right amount of contact, i.e. it allows for us to communicate via text, email and networking websites at our own time and convenience whereas telephonic conversations take real-time time and in this fast paced world that is too much to ask for. Also it solves another purpose of keeping things direct, simple and at bay, because one does not indulge in social intricate etiquettes etc. on text, or as she writes, “We are lonely but fearful of intimacy. Technology offers friction free relationships that you can have without leaving your desk. it ties us up in its promise to free us. Thus, even when we are not at work, the experience is that of always of being always on call.

Lonely Together: The Psychological Divide Due To Social Networking Sites

Robert Jay Lifton writes In his essay, 'Protean Man' that, "one encounters in protean man what I would call strong ideological hunger. He is starved for ideas and feelings that can give coherence to his world, but here too his taste is for new combinations. While he is by no means without yearning for the absolute, what he finds most acceptable are images of a more fragmentary nature than those of the ideologies of the past; and these images, although limited and often fleeting, can have great influence upon his psychological life." The internet was a revolution for the protean man's psychological life then, for now the speed he craves can be satiated and his need for this constant exploration and experiment can be met by creating different identities online.

Winnicott in 'The capacity to be alone', also wrote, "The pathological alternative is a false life built in reactions to external stimuli." ⁴ Facebook is the 'external stimuli' most of us keep reacting to nowadays. Writer, poet K.T. Jong is quoted often as having said, "It is only when we silent the blaring sounds of our daily existence that we can finally hear the whispers of truth that life reveals to us, as it stands knocking on the doorsteps of our hearts."

Journalist Jose Vargas in 2010, Zuckerberg said the following: "Most of the information that we care about is things that are in our heads, right? Think about what we're doing when we use Facebook. We're creating digital versions of our relationships, activities, even our identities. We're turning parts of our lives into code." But its doing more, its changing how we see things, when we are on facebook we experience a sort of blurring of differences, boundaries and hierarchies that are applicable in the outside world.

Craig Malkin, Belmont-based clinical psychologist, finds that one in three respondents felt more dissatisfied with their own lives after spending time on the site. Viewing the number of birthday greetings and "likes" were big culprits. Unprecedented access to other people's photos also triggered emotional pain and resentment.

Photo tagging is another way in which people allow for play with traits and characteristics on facebook. A lot of quizzes in fact, on facebook itself, invite people to view what kind of a 'facebook personality' they are. But it is exploiting the idea that people are always seeking newer ways of seeing themselves, one always likes to read about an interpretation that is made about them.

Vladimir Rinskii in 'The influence of the internet on active social involvement and the formation and development of identities' (Russian education and society, Vol-52, No.8, August 2010, PP. 11-33) does and interplay of classical psychoanalytic understanding of identity and identity as its viewed on the internet to comment on the changing structure of individual and social identity formation.

He starts off by explaining the basics of identity formation via Freud and ties that up with the promise that the internet provides and the avenues that are made available to initiate uses for identity exploration.

Lonely Together: The Psychological Divide Due To Social Networking Sites

The internet today according to him serves the need of belongingness of an individual where in the individual has a sense of his own self by way of his social interactions with others. A failure to find an identity reflection would have led to rage and unconscious aggression but because of the large user database of the internet, no one is subjected to that. He uses the philosophical conceptions of structurism and post modernism about written text as a reliable means to register human consciousness. Thereby providing the idea of today's 'inter text', which is a series of quotations cut and paste together to form a new meaning. With no author to claim the meaning and numerous readers to provide new meaning to the text, a fluidity of form is seen in the text which he equates with the dynamic consciousness of modern man.

"The most important thing that is disappearing is the difference between what is real and what is imagined." Rinsky, who is from the sociology department at The Information Science for Democracy Foundation or INDEM foundation, writes about the shared activities of online selves even as offline selves don't interact. The virtual environment impacts the meaning making behind the messages shared. However, social characteristics remain intact to that each individual still formulates an identity, a membership of the group, and accepts its values and his role in the group. An ill formed identity shall be rejected even in such groups.

I turned to **Erik H. Erikson's** own writing on '**Adolescence**' in his book '**Identity Youth and crisis**' (W. Norton and company, 1968).

He describes the identity crisis during adolescence as the search for a moratorium or the state of actively exploring different identities, but not making a commitment. "beset with the physiological revolution of their genital maturation and the uncertainty of the adult roles ahead, (they) seem much concerned with faddish attempts at establishing an adolescent subculture with what looks like a final rather than a transitory, or in fact, an initial identity formation. They are often morbidly preoccupies with what they appear to be in the eyes of others," he wrote.

He writes about the rush of volition every adolescent craves to feel and the way this is played out is often in occupational choices. They play with free will and rebel so as to tow the line and test the limits of their own selves more than take liberties. This is also that phase in life where he suggest, past conflicts are resolved to create a more stable adult future and dependant on the level of freedom one is given, adolescents are able to fins a way of 'self therapy'.

Erikson writes of the peculiarity of love at this stage as conversational and less to do with sex, the lover is more of a partner who can be mirrored, idealised or devalued, but mostly someone to bounce off your ideologies as the adolescent rapidly takes up and abandons several. We must be careful not to pathologise too quickly the adolescent journey, Erikson also talks about this nature as carried forward into adulthood by people with a creative bend of mind as they produce art and constantly experiment.

Lonely Together: The Psychological Divide Due To Social Networking Sites

Dr Himanshu Tyagi, a psychiatrist at West London Mental Health Trust, said that, "It's a world where everything moves fast and changes all the time, where relationships are quickly disposed at the click of a mouse, where you can delete your profile if you don't like it and swap an unacceptable identity in the blink of an eye for one that is more acceptable. "If you can't see the person's expression or body language or hear the subtle changes in their voice, it shapes your perceptions of the interaction differently," Dr Tyagi said, "A session in front of the computer was also likely to create an altered perception, a dream-like state, an unnatural blending of their mind with the other person - something that rarely happens in real life. The new generation raised alongside internet is attaching an entirely different meaning to friendship and relations, something we are largely failing to notice. It may be quite different for teens and children who cannot imagine a world where you can't go online to talk and apply the same principles to real-world interpersonal communications, mostly to a dysfunctional outcome."

People with lower self-esteem tend to be much more concerned with what others post about them on Facebook, while users with higher self-esteem spend more effort on adding information to their personal profiles on the social network, said Sundar, Distinguished Professor of Communications and co-director of the Media Effects Research Laboratory, Penn State. People with both high and low self-esteem spend time crafting their online personas on Facebook, but choose different paths in that construction. Individuals with higher self-esteem have a greater sense of agency and spend more time adding information about their family, education and work experience to their profiles.

A study conducted by The University of Gothenburg in Sweden surveyed 335 men and 676 women (average age 32) to help determine the link between self-esteem and Facebook usage. A significant negative relationship between the two was uncovered (as Facebook interaction increased, self-esteem decreased), though the main difference was between genders. Women who used Facebook were apt to feel less happy and content with their lives.

A 2009 study published in the journal *Cyberpsychology, Behavior and Social Networking* looked at 63 Cornell students who were divided into three groups in a social media lab. One group sat at computers that depicted their Facebook profiles, another group sat at computers that were turned off, and the last group sat at turned-off computers with mirrors propped up next to them. Students with the computers logged onto Facebook were allowed to spend three minutes exploring and editing their profiles. After three minutes, all participants were given a questionnaire that measured self-esteem using the Rosenberg Self-Esteem scale. When researchers compared the group with a mirror and no Facebook access to the group with no Facebook access or a mirror, no elevation in self-esteem was reported. However, a drastic rise in self-esteem was found in the group that spent time on Facebook; those who also edited their profiles had the highest self-esteem in the entire study.

In order to evaluate the effect social media on mental health one must first understand which mental health concerns and disorders are being attributed to Facebook usage. Bipolar disorder is characterized by mood swings that go from periods of depression to highs of mania. There has

Lonely Together: The Psychological Divide Due To Social Networking Sites

been some research that has indicated many confirmatory connections between activities on Facebook and symptoms of depression. (Rosen 2013) An example of this can be found in the some Facebook actions such as making negative comments about posts or pictures can cause negative feelings, as can “unfriending”. Unfriending is the action taken when someone chooses to no longer be connected to another person on Facebook. This action, according to Bevean, Pfyl, and Barclay (2012), is shown to be very strongly related to negative emotional responses. It can be similar to losing a friend in the offline world.

Twenge and Campbell (2009) discuss what they call a narcissism epidemic and document its escalation over the past twenty years. This escalation is by some attributed to the new forms of technology that exist, especially social networking sites, the most popular of which is Facebook. When the activities in which a person takes part on Facebook are examined one can really see the connection between narcissism and social media sites. Facebook users for example post status updates, and pictures of their lives seeking comments or “likes” from their Facebook “friends”, and they too comment and like those friends’ statuses. Buffardi and Campbell (2008) are at the forefront of research linking the narcissistic personality disorder and Facebook usage.

According to Valkenburg, Peter, and Schouten (2006) the frequency with which adolescents use the social networking sites influences their social self esteem and well being. It can have a positive impact on their social self esteem, but more commonly it has a negative impact. (Gangadharbatla,2008) Facebook creates an atmosphere which breeds collective self esteem. There is a fear that collective self esteem is related to social networking sites which can negatively affect youth.

In an article 'Facebook Generation' Faces Identity Crisis (medical news today.com), the correspondent writes, ‘A generation of Internet users who have never known a world where you can't surf on-line may be growing up with a different and potentially dangerous view of the world and their own identity, according to a warning delivered to the Annual Meeting of the Royal College of Psychiatrists.

CONCLUSION

The media is rapidly evolving and I have always found it interesting to watch how it changes society. Why I chose to study facebook was because not only was it the most hyped, the most recent technological tool of communication but also it's form is that of convergence of audio, video, textual, public, private etc and it provides platform for any kind of conversation (except oral or face to face) to occur.

A hugely popular Youtube video by the name of ‘facebook song’ showcases through song the reasons for such an addiction as the control it provides over interactions. The lyrics are as follows,

Lonely Together: The Psychological Divide Due To Social Networking Sites

“There’s not much that separates me, from the other guy. But when I log in, I begin to live. There’s an online world, where I am king. Of a little website dedicated to me. Facebook, I am hooked. I am hooked to facebook. If the internet crashed, all across the land. Or my account was deleted by demand. Id carry around a picture of my face, And a summary of me typed out on a page. Its more than I want, Its more than I need, id shrivel up and die, Without my many feet. Facebook, I am hooked. I am hooked to facebook.”

Winston Churchill had once said, “we shape our buildings and then they shape us” similarly, today we can say, We make our technologies and then they make us. So of every technology we must ask, does it serve our human purpose and keep that purpose as primary. Facebook gives us too much too soon but it is allowing us access to us, it is a tool. It is as asinine as you make it.

Thus, the sense of satisfaction that comes along the internet indulgences feeds a negative cycle where more time spent online means less real social contact and less physical activity, increasing the vulnerability to psychological disorders. Hence, overuse of internet can genuinely restrain an individual from experiences in life, their academic/professional performance, and social and psychological well being. Since this is a social web, therefore safety here depends a great deal on the way we behave towards one another.

Deleting a Facebook account is no small feat either. As soon as you muster up enough courage to leave behind all the friends and the online life you have cultivated for yourself for no matter how much time, facebook makes it difficult for you to leave. As you select the delete account option, it immediately launches into question mode, it first asks “are you sure” then asks you to specify why and gives a range of options, if you select any option it gives you possible solutions. For example, it would ask, “

Reason for leaving (Required):

- ☐ I don't feel safe on Facebook.
- ☐ I get too many emails, invitations, and requests from Facebook.
- ☐ I don't find Facebook useful.
- ☐ I have a privacy concern.
- ☐ I spend too much time using Facebook.
- ☐ I don't understand how to use Facebook.
- ☐ My account was hacked.
- ☐ This is temporary. I'll be back.
- ☐ I have another Facebook account.

 Other

Please specify

And for any of these responses, it redirects you to a page that gives possible security related or er solutions. It also posts the pictures of your closest friends on that page with captions like, ‘XYZ I miss you’, ‘send a message to XYZ’.

The media is rapidly evolving and I have always found it interesting to watch how it changes society. Why I chose to study facebook was because not only was it the most hyped, the most recent technological tool of communication but also it’s form is that of convergence of audio, video, textual, public, private etc and it provides platform for any kind of conversation (except oral or face to face) to occur.

Facebook has become an efficient tool in this form of identity exploration in which users actively engage in the social discourse of instant validation (i.e.publishing one's image in hopes of receiving instant and positive feedback). While instant validation can occur both online and offline, it is important to explore whether Facebook has changed the way people engage in that behaviour.

An online identity is anything and everything we want it to be. By viewing our own profile we see what others see and begin to compare our self-image to that which we see. Then we can change the profile to match our self-image more clearly. The profile changes, but we do not. Or do we? Does self-realization occur when we view our life through another’s perspective? And does that realization cause us to change attributes of our real identity? Or does it simply cause us to make false statements on our profile in order to allow ourselves to remain as we are? Is the profile real? Does the profile become us? Or do we become the profile? The answer is both. We change aspects of our profile and identity in order to create a new self. But the window for viewing is limited. Our personal information is limited to: sex, relationship status, sexual preference, political and religious views, activities, interests, favorite music, favorite TV shows, favorite movies, favorite books, favorite quotations, education, and work. Personality is beginning to be defined by the set of information that exists on our profile, which we use to judge a person based on a wide variety of aspects.

First impressions are now different when taken from Facebook. Facebook is now an artifact that represents our personalities, replacing such artifacts as diaries and journals, which were used to record people’s personality before the internet and online profiles. Diaries and journals are a personal and unedited view into a private world. Facebook profiles are public and editable. Therefore, they often offer a skewed view of who we are. Due to Facebook’s nature the content is easily changed and we can change to match it.

It is evolving with us, first, the focus of the application experience has shifted from user profiles

Lonely Together: The Psychological Divide Due To Social Networking Sites

to user activity. Users can now express themselves in many ways other than textual self-description. They can write status updates, short notes or blog entries, post links, photos, videos, etc. The landing page for the site displays a news feed with all your friends recent activity where you can comment and respond directly. In this way, users can have lots of conversations and interactions without ever navigating to someone's profile page. On the profile page itself, the self-descriptive information has been replaced with a news feed of that user's activity. In short, the means of self-presentation on Facebook is shifting from that of static representation to more dynamic, contextual action.

But the danger is when people start to look at the website as more than just an extension of life. A lot of people have started using the word addiction with facebook. its addictive games, posts less people spend hours online without getting to know how time passed. They build up their online lives with such care and precision that their offline lives begin to suffer. People are lonely, the network is seductive. But if we are always on, we may deny ourselves the reward of solitude.

Winston Churchill had once said, "we shape our buildings and then they shape us" similarly, today we can say, We make our technologies and then they make us. So of every technology we must ask Does it serve our human purpose and keep that purpose as primary. Facebook gives us too much too soon but it is allowing us access to us, it is a tool. It is as asinine as you make it.

What is truly remarkable to me during the process of this research was the unexpected inward journey I began to take which brought new depths to my knowledge and if this isn't a marker of just how much facebook has begun to change us and bring about the opportunity of a look at the self, then I don't know what is.

We are delving deeper and deeper into a technological realm, with no understanding of what it is doing to us. Thus the scope for further studies is immense and the field of psychology also needs to take notice of such areas of study because the generation growing up 'tethered' right now is going to bring with it understandings and dissatisfactions from this realm and in order to fully embrace the human experience, psychology must keep up with technology.

REFERENCES:

- Bevan, J. L., Pfyl, J., & Barclay, B. (2012). Negative emotional and cognitive responses to being unfriended on Facebook: An exploratory study. *Computers in Human Behavior*. Bipolar disorder. (n.d.). Retrieved from <http://www.mayoclinic.com/health/bipolar-disorder/DS00356>

Lonely Together: The Psychological Divide Due To Social Networking Sites

- Denti, L., Nilsson, I., Barbopoulos, I., Holmberg, L., Thulin, M., Wendeblad, M., ... Davidsson, E. Sweden's Largest Facebook Study: A Survey of 1,000 Swedish Facebook Users. Gothenburg Research Institute, April 2, 2012.
- Facebook -- with or without Google -- will destroy the world as we know it, www.lyndonplumber.com, Lyndon Plumber, 2010, <http://lyndonplumber.typepad.com/blog/2010/11/facebook-with-or-without-google-will-destroy-the-world-as-we-know-it-1.html>
- Gonzales, A., & Hancock, J. (2011). Mirror, Mirror on my Facebook Wall: Effects of Exposure to Facebook on Self-Esteem. *Cyberpsychology, Behavior and Social Networking*, 14, No. 1-2. DOI: 10.1089/cyber.2009.0411
- Jean-Jaques Rousseau (1987), *The Basic Political Writings Of Jean-Jaques Rousseau* (Indianapolis: Hackett Publishing Company, Inc.).
- <http://www.wbur.org/2013/02/20/facebook-perfection>
- Mehdizadeh, S. (2010). Self-presentation 2.0: Narcissism and self-esteem on Facebook. Narcissistic personality disorder. (n.d.). Retrieved from <http://www.mayoclinic.com/health/narcissistic-personality-disorder/DS00652>
- On Being Bored, On Kissing, Tickling & Being Bored; Psychoanalytical Essays on the Unexamined Life, Howard University Press, 1993.
- Pg. 20, Introduction: Alone together, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 34, The capacity to be alone, D.W. Winnicot, Maturational Processes, Karnac Books, 1958.
- Pg. 34, The capacity to be alone, D.W. Winnicot, Maturational Processes, Karnac Books, 1958.
- Pg. 14, Introduction, In Pursuit of Silence: Listening for meaning in a world of noise, George Prochnik, Doubleday, 2010
- Pg. 16, Introduction: Alone together, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 1, Introduction: Alone together, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 156, Ch. 8, Always On, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 159, Ch. 8, Always On, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011

Lonely Together: The Psychological Divide Due To Social Networking Sites

- Pg. 164, Ch. 8, Always On, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 179, Ch. 9, Growing up Tethered, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- Pg. 254, Ch. 13, Anxiety, Alone together: Why we expect more from technology and less from each other, Sherry Tuke, Published by Basic Books, New York, 2011
- ‘Performing identity on facebook’, <http://www.davidroedl.com>”, David Roedl, 2009, <http://www.davidroedl.com/2009/02/28/performing-identity-on-facebook/>
- ‘Performing identity on facebook’, <http://www.davidroedl.com>”, David Roedl, 2009, <http://www.davidroedl.com/2009/02/28/performing-identity-on-facebook/>
- Pg. 16, The influence of the internet on active social involvement and the formation and development of identities, Vladimir Rimskii, Russian education and society, Vol-52, No.8, August 2010.
- "The Effects of Facebook on the Self Esteem of Teenage Girls" [StudyMode.com](http://www.studymode.com). 02 2012. 2012. 02 2012 <<http://www.studymode.com/essays/The-Effects-Of-Facebook-On-The-917204.html>>.
- Valkenburg, P.M., J. Peter, and A.P. Schouten (2006), "Friend Networking Sites and Their Relationship to Adolescents' Well Being and Social Self-Esteem," *CyberPsychology & Behavior*, 9 (5), 584-590.

Secularism as Related to Gender and Religion

Dr. Shashi Kala Singh¹, Mrs. Pushpa Singh²

ABSTRACT

The aim of the present study was to examine the gender and religion difference in secularism. Participants were 100 school students belong to Ranchi town (50 boys & 50 girls) of age range 13 to 16 years. All of these belong to middle socio-economic status. Respondents were given secularism scale. Data was analyzed by using means, standard deviations and "t". The mean of male student was 31.53 and female student was 29.97. The difference between the means was insignificant. Boys and girls showed similar level of secularism. Christian group showed significantly higher level of secularism than Muslim group.

Keywords: *Secularism, Gender, religion and middle socio-economic status.*

India has a composite population. The Indian society is diverse for as there exist numerous religious, cultural and linguistic groups. There are Hindus, Muslims, Christians, Parsis, Sikhs, Buddhists, Jains and others. The pattern of culture varies from place to place. India is a Socialist, Secular Democratic Republic pledged to secure all its citizens justice, liberty and equality and to promote fraternity among nationals. Secularism is the principle of separation of government institutions, and the persons mandated to represent the State, from religious institutions and religious dignitaries. The Indian concept of secularism which advocates a non-sectarian attitude towards religion and encourages the process of dialogue and interdependence among faiths, the French model of laïcité envisages a radical separation between politics and religion in the name of progress and the rights of a universal man whom no one has seen. India is a secular country as per the declaration in the Preamble to the Indian Constitution. It prohibits discrimination against members of a particular religion, race, caste, sex or place of birth. In India, secular tradition is deep rooted in its history. Indian culture is a composite one which is based on the blending of various spiritual traditions and social movements. In ancient India, Hinduism was basically allowed to develop as a holistic religion by welcoming different spiritual traditions and trying to integrate them into a common mainstream.

¹Associate Professor, Dept. of Psychology, Ranchi University, Ranchi

²Asst. Professor, Dept. of Psychology, Ranchi Women's College, Ranchi

Secularism as Related to Gender and Religion

The development of four Vedas and the various interpretations of the Upanishads and the Puranas clearly highlight the religious plurality of Hinduism. In a secular state, no one would enjoy any special privilege in national life or in the conduct of international relations. No group of citizens shall arrogate to itself the rights and privileges which it denies to others. No person shall suffer any form of disability or discrimination because of his religion but all alike should be free to share to the fullest degree in the common life. We in India have tried to follow a secular path, although we had some setbacks from time to time. Secularism has deep implications in our day-to-day life. Secularism has its origin in western countries and relates to the separation of the church from the state, giving the state a position of neutrality between different religions, while at the same time, guaranteeing all citizens the right to profess any one of them. Positive Ideals behind the secular society:

1. Deep respect for individuals and the small groups of which they are a part.
2. Equality of all people.
3. Each person should be helped to realize their particular excellence.
4. Breaking down of the barriers of class and caste

Secularism is a code of duty pertaining to this life, founded on considerations purely human, and intended mainly for those who find theology indefinite or inadequate, unreliable or unbelievable. Recent cross-sectional evidence (Flor & Knapp, 2001) suggests that religious socialization may be more effective for boys than for girls. Men dominated all varieties of secularism until the late 20th century. While men owned the pulpit, women and girls dominated the pew. They were the backbone of the churches and of household religion (Wood, 1975). The history of secularization is a more complicated process than is indicated by stark contrasts between “the religious” and “the secular” (Scott, 2010). Choudhary (1979) found that there was a very significant difference in religious and secular concept of the pupils of denominational and non-denominational school, the former having more religious concepts and less secular concept than the later. The only way to heal the rifts within the secular community is for mainstream secularists to realize that they, too, are feminists, and present a united front against harassment and intimidation within our movement (Kincaid, 2013). Feminism is a social and political movement for gender equality, a movement with deep historical connections to American free thought.

Singh (1978) conducted a study on development of religious identity and prejudice in Indian children. The sample consisted of 300 students from Non-Muslim and Muslim aged 4-5 to 14-15. The investigator found that religious information about one's own religion and others increased with the age and by 14-15 years it gets completed. Sumbul (2002) measured the secular attitude of the students studying in two denominational schools. The sample consisted of 300 students out of which 150 were from Muslim managed organizations and 150 were from non-Muslim managed organizations. The investigator found out that there is no significant difference in the secular attitude of students studying in Muslim and Non-Muslim managed institution.

HYPOTHESES

- There will be no difference between boys and girls in secularism
- There will be no difference between Muslim and Christian students in secularism

METHOD

Sample

One hundred school students from different schools of Ranchi town participated in this study. They were selected using a stratified random sampling technique. There were 50 boys and 50 girls respondents of age-group 13 to 16 years. The sample was further sub-divided into Muslim and Christian group. All of these belong to middle socio-economic status.

Instrument

Secularism Scale: This tool has been used in this research developed in the Post Graduate Department of Psychology, Ranchi University, Ranchi. The tools were developed for the ICSSR Research Project on “Prejudice in Indian Children” and have been reported to be highly reliable and valid (Singh, 1980). The Secularism scale consists of 15 items in a 5 – point Likert type scale. The strongly favourable response of a positive item will fetch the score of 1 and the strongly unfavourable response of a positive item will fetch the score of 5. Likewise the favourable and unfavourable responses will fetch the score of 4 and 2 respectively. However, the neutral or uncertain response will get the score of 3. The scoring of negative items will be just reverse of the positive items. Thus, the higher scores indicated lower degree of secularism.

Procedure

The secularism scale was administered to both groups with instructions to complete all questions honestly and not to discuss the questions with fellow students. Scoring was done according to the respective scoring keys. In order to fulfill the objective of the study the score obtained were analyzed with mean, SD's and t values.

RESULT AND DISCUSSION

The data was analysed by Means, SDs and t test. Tables present the result.

Table -1

Means, SDs and t-value of boys and girls group on secularism

Groups	N	Mean	SDs	MD	t	P value
Boys	50	31.53	6.93	1.56	0.82	Not Significant
Girls	50	29.97	6.74			

It was evident from the above table that there was no significant difference between boys and girls in secularism. Girls group showed slightly lower score than their boy counterparts, but their difference was not statistically significant even at 0.05 level of significance. Hence, the

Secularism as Related to Gender and Religion

hypothesis there will be no difference between boys and girls in secularism was accepted. The results were in agreement with earlier findings of Avishai (2008).

Table -2

Means, SDs and t-value of Muslim and Christian group on secularism

Groups	N	Mean	SDs	MD	t	P value
Muslim	50	34.12	6.27	5.64	3.97	0.01
Christian	50	28.48	7.93			

Table -2 indicated that Muslim and Christian groups differ significantly in their mean scores. Christian group showed higher levels of secularism than their Muslim counterpart. Hence the hypothesis, there will be no difference between Muslim and Christian students in secularism, was rejected. Religion had a significant influence in secularism.

CONCLUSIONS

- Boys and girls group displayed similar level of secularism.
- Christian group displayed more secularism than Muslim group.

REFERENCES

- Avishai, O. (2008). Doing Religion in a secular world women in conservative religions and the question of agency, *Gender & Society*, 22(4) 409-433
- Choudhary, R.N. (1979). *The study of religious education in school of Bombay with special reference to its impact on secular concept of pupils*, Bombay Univ. Ph.D.
- Flor, D. L., & Knapp, N. F. (2001). Transmission and transaction: Predicting adolescents' internalization of parental religious values. *Journal of Family Psychology*, 15, 627-645.
- Kincaid, T.J. (2013). The failure of feminism, *Journal of Personality and Social Psychology*, 10, 335-342.
- Scott, J. (2010). Explores the relationship between Secularism and gender equality. *Secularism, Washington History Seminar*.
- Singh, A.K. (1978). *Development of religious identity and prejudice in Indian children*, Ranchi Univ. Ph.D.
- Sumbul, S. (2002). *A comparative study of the secular attitude of the students studying in two denominational schools*, A.M.U., M.Ed.
- Wood, G.A. (1975). Church and state in New Zealand in the 1850s. *Journal of Religious History*, 8 (3) 255.

The Role of Spiritual Psychology for Holistic Living

Ankur Mahida¹

ABSTRACT

Many studies have provided evidences that religion and spirituality are positively associated with indicators of mental health. The present research paper is going define the role of spiritual psychology for Holistic living. Holistic living offers a way to balance our life in all areas health, relationships, spirituality, and finances -- to achieve a happier, healthier, and more fulfilling lifestyle. Spirituality includes our perception of us, an adherence to values, of being ethical, and being connected with others, while maintaining a belief system that typically includes some religious dimension. Many spiritual activities like prayer, meditation, reading holy books, charity, yoga, worship and attending spiritual speeches and seminars helps us to balance our emotions, develop healthier thinking patterns and spirituality helps one to discover the truth, exploring existential questions, doubts and confusion. By doing these activities every day we can have a better life styles and values towards our life. In this global world, spiritual psychology can play very important role for holistic living and there are many practitioner who wished to apply religion and spirituality as a part of treatment.

Keywords: *Spiritual Psychology, Holistic Living.*

Keep your thoughts positive because your thoughts become your words. Keep your words positive because your words become your behaviors. Keep your behaviors positive because your behaviors become your habits. Keep your habits positive because your habits become your values. Keep your values positive because your values become your destiny. -Mahatma Gandhi

The concept Spirituality is a holistic one, which encompasses the physical, emotional, social and the spiritual aspects of an individual. Spirituality is a unified quality of body, mind, heart spirit or soul. Spirituality is one of the most important sources of strength and direction in people's lives. A spiritual side of human nature remains important to Asian lives. A number of important psychologists such as William James, Carl Jung, Gordon Allport and Abraham Maslow have considered spirituality as part of their theory of human behavior. Spirit is a human phenomenon, which exists in almost all persons. It is define spirituality is not an easy task. Spirituality is complex and has many dimensions. Spirituality like personality, character, temperament or health is an attribute of individual.

¹PhD Student, Department of Psychology, Sardar Patel University, Vallabh-Vidyanagar

© 2015 I A Mahida; licensee IJIP. This is an Open Access Research distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/2.0>), which permits unrestricted use, distribution, and reproduction in any Medium, provided the original work is properly cited.

The Role of Spiritual Psychology for Holistic Living

Holistic living is the art of living in balance with our environment and us. Understanding and respecting that all things are interconnected is at the heart of a holistic lifestyle. Holistic living is about taking responsibility for our actions and choices in the knowledge that these choices have consequences for all living things on the planet. Holistic living offers a way to balance your life in all areas -- health, relationships, spirituality, and finances to achieve a happier, healthier, and more fulfilling lifestyle. More romance, financial security, a healthier body, and a spiritual connection to the world are just some of the benefits of holistic living. Whether you are looking to live a cleaner, healthier lifestyle, provide better and healthier food for you and your family, improves your romantic relationships, or simply gains a sense of peace and connection to the universe, other people, and your immediate environment.

SPIRITUALITY

Gilder (1997) stated that the view of a spiritual dimension to human kind is receiving increasing support. Spirituality is a word used in an abundance of contexts that means different things for different people at different times in different cultures. Although expressed through religions, art, nature and the built environment for centuries, recent expressions of spirituality have become more varied and diffuse. The term "spirituality" has changed throughout the ages.

Spirituality is a state of consciousness that reflects engagement the deep and often urgent need to understand, a need to know. The state of consciousness can be characterized in biological as well as phenomenological terms. Spirituality like personality, character, temperament or health is an attribute of individual.

1) Spirituality brings a feeling of unity with nature and people. 2) Spirituality is an inner belief system, which concerns the essence of my being. 3) Spirituality develops a sense of higher consciousness that connects the creator and the created. 4) Spirituality helps people in reaching and exploring challenges, seeking personal truth, development the sense of unity of life and developing a personal philosophy. 5) Spirituality is refers to the relationship between others and me and between god and me. 6) Spirituality is unique to each individual, influenced by culture, development, experiences and ideas, meaning, transcendent, hope, love, quality, relationship and existence.

Huddleston (1992) defined Spirituality is the vision of who we are as human begins.

According to **Wong (2006)**, Spirituality is the motivational emotional source of an individual's quest for a personally defined relationship with people and the non-human environment for it includes a connectedness with a higher being, leading to enhanced feeling of well being, inner peace and satisfaction.

According to the Bhagavat Gita, meaning spirituality means diving deep into inner self and realizing identity of our soul (Atman) the spirit within! It is only through path of spirituality

The Role of Spiritual Psychology for Holistic Living

human beings gained enlightenment (Kavalla jnana) and finally salvation (moksha).the stage enlightens can never be reached via path of religion, path of rituals!

THE SPIRITUAL PSYCHOLOGY

Spiritual psychology is a branch of psychology like child psychology and social psychology and a system of psychology like psychoanalysis. The study of consciousness as such in relation to thinking, mind and the sensing- brain constitutes the subject matter of spiritual psychology. Spiritual psychology is the science of being happy, complemented by new science and new biology, its foundation is the rock of ancient knowledge, its methodology is 21st century art and its functionality enables perfect health, mind, body and soul. Science, art and spirituality unite creating a conscious vision through the purification of consciousness.

Spiritual psychology is the study and practice of art and science of human evolution in consciousness. Spiritual psychology walks with consciousness in both its depth, breadth. It has a sound basis in metaphysics, theoretical, and philosophical psychology and ancient philosophy combined with innovative science and the largest breakthrough in cellular biology. Spirituality helps us to heal our consciousness through self-development. It provides the tools and techniques for the process of reflection used to empower individuals to honestly review and learn from their own experiences. This is about learning from self and having the courage to own what feel and create.

On the surface, these two terms 'Spirit' and 'Psychology' seem to oppose each other. Typically, when we imagine anything spiritual we conjure images related to formlessness. Anything psychological would be mental, an aspect of the process of thinking. Spiritual Psychology directs attention to how these conditions support each other. In fact, how one cannot exist without the other. There is a relationship between thoughts and things. Things are the physical aspects of thoughts and thoughts are the mental aspects of things. No-thing can exist within the consciousness of any person absent of their ability to think about it. The more capable you are of discerning details (thinking), the more of any-thing you can see. Therefore, how humans manifest material items, relationships, health is by thinking things into existence.

According to **the divine science school (2004) Washington Dc**, Spiritual psychology is an examination of the relationship between human and divine mind and role of mind in attracting abundance, achieving inner serenity and spiritual growth.

Akbar Husain (2005) defined the field of spiritual psychology focuses on understanding the ways of spiritual fullness (e.g. believing in sacredness, unity and transformation),the knowledge of the self use of prayer, meditation, spiritual practices as the techniques for the treatment, assessment of spiritual diseases etc. This field is unified in two respects the first one is linking body, mind, heart spirit and secondly it established the relationship between theory and practice.

The Role of Spiritual Psychology for Holistic Living

K.Ramakrishna Rao (2005) stated Spiritual psychology is the study of mind/consciousness at the point of science religion interface. Spiritual psychology is the discipline that studies the way of knowing and realizing the self. Indian tradition it is asserted as atmanam viddhi. The duty is to know the self. Spiritual psychology aspires for total transformation of the person to achieve higher levels of awareness and excellence.

According to research by **Frankl (1962)**, they both exceed other aspects of positive psychology toward its highest reach. Therefore, search for meaning of life is a key part of positive psychology, which is interested in the psychic health and satisfaction, psychological aspects of quality of life, positive emotionality and experiencing, and its equivalent personality dimensions such as happiness, overwhelming feeling, hope, modesty.

Steve Rother stated twelve paradigms of the field in his book ‘The spiritual psychology’ - Focus on Empowerment, Healing by Request, Intent, Perception, and Truth. Balanced Ego, Discernment, Creating Safe Space, Vulnerability, Mastery of Thought, Motivation and Responsibility.

SPIRITUALITY AND MENTAL HEALTH

Spiritual health is as important as the physical, social and mental health depends on our meaningful life and success in the world, but the spiritual health depends on our success and salvation both in this world. The spiritual health characterizes the growth of a believer in the fruit of spirit, which are love, joy, peace, goodness, gentleness, faith, meekness, temperance, righteousness and truth. Focus on specific health promoting behavior, spiritual exercise (i.e. meditation, prayer) is considered to modify the outcome criteria of wellness, as it is considered the gateway of realization; Meditation is scientific procedure for promoting cognitive growth by widening the horizons of consciousness.

Health, according to the **World Health Organization’s** constitution, is ‘a state of complete physical, mental and social well-being, not merely the absence of disease. The WHO report continues ‘the health professions have largely followed a medical model, which seeks to treat patients by focusing on medicines and surgery, and gives less importance to beliefs and to faith – in healing, in the physician and in the doctor-patient relationship.

In the mental health field, where stress is common to every kind of breakdown, the extraordinary protective effects of religion and spirituality are now just beginning to be recognized. For example:-

Depression-Overall, some 25% of women and 12% of men suffer major depressive disorder during their lifetime. However, people with a spiritual or religious affiliation are up to 40% less likely to get depressed than those who do not have such an affiliation. In addition, when they do get depressed, they recover faster. Where psychotherapy is offered, those receiving religiously orientated therapy sensitive to their religious beliefs score best on post-treatment measures.

The Role of Spiritual Psychology for Holistic Living

Depression among the medically seriously ill-Depression affects up to 35% of this group of patients. One study using multidimensional measures showed that for every 10-point increase in the intrinsic religion score, there was a 70% increase in the speed of remission from depression. Another study showed that the more severe the disability, the stronger the protective effect of religious commitment.

Suicide -Adults aged over 50 who have never participated in religious activities are four times more likely to commit suicide than those who do. This holds true after having adjusted for other variables. Similarly, religious commitment among teenagers significantly reduces the risk of suicide.

Substance Abuse-Religious/spiritual commitment correlates with lower levels of substance abuse. The risk of alcohol dependency is 60% greater when there is no religious affiliation. In one study of opiate withdrawal, 45% of participants in a religiously orientated program remained drug-free at one year compared with 5% in a non-religious treatment programme. Concerning alcohol abuse, those who participate in , which is spiritually orientated and invokes the help of a Higher Power, are most likely to remain abstinent after inpatient or outpatient treatment. Studies such as these surely tell us that there is far more to mental illness than the biological sciences can ever explain.

Spirituality and Psychiatry-The psychiatrists need to have clear aims and aspirations for the treatment of each individual patient. In order to benefit within British psychiatry, the notion of linking spirituality with psychiatry developed largely in the 21st century. If the psychiatrist remembers to incorporate spiritual values into his or her clinical practice, he or she will need to ask the patient a few pertinent questions, thus taking spiritual history that assesses needs in this area. Spirituality of psychiatrists, the patient, and the psychiatrists required listening empathically and inevitably, he or she has values and standards that are applied, often unconsciously, in clinical practice. There has been much work on values in psychiatry over recent years, much of it pioneered by the Royal College of Psychiatrists Philosophy Special Interest Group and its founding chairperson (Fulford *et al*, 2006).

All psychiatrists should be trained to help colleagues with mental health problems, both within psychiatry and in other medical disciplines. Some psychiatrists, especially as they become more senior in their work, gradually develop existential or spiritual difficulties concerning their professional practice. If they cannot resolve these concerns and deal with their internal doubts, they become more prone to burnout and despondency.

Spirituality is increasingly being included as a component of psychiatric treatment and as an independent and dependent variable in treatment research. Furthermore, a variety of faith-based organizations is providing care for people with mental health problems (Koenig, 2005). Koenig proposed ten ways in which religion can improve mental health (2005). He includes within his analysis reference to spiritual as well as religious beliefs and we would extend the analysis here

The Role of Spiritual Psychology for Holistic Living

to explicitly refer to both throughout. Thus, spirituality and religion can help us to promote a positive worldview, help to make sense of difficult situations and to give purpose and meaning. It also helps one to discourage maladaptive coping, to enhance social support. to promote 'other-directedness, Help to release the need for control, provide and encourage forgiveness, encourage thankfulness and to provide hope.

Spiritual Psychotherapy-Spirit is the healer, the therapist and client are both patients resisting healing. In-and-outside sessions, a spiritual psychotherapist calls on a higher power in the mind through prayer to be present to facilitate the healing. The therapist is a patient, as is the client, who appeals to spirit as the inner guide-healer-therapist-doctor-teacher. The healing is already accomplished in mind, but the two are asking for help in learning forgiveness in order to recognize wholeness. Suffering due to separation from spirit starts to be undone.

The mental problems of the psychotherapist and the client are identical, and the two are different only in superficial bodily form. The client's resistance is the same as the therapist's and both need compassion and love, because both endure a lack of kindness in terms of self-forgiveness. Becoming "inspired," a psychotherapist inspires self and other. The therapist endeavors to keep spirit conscious in the healing process, but either one, or both, may deny the freedom to join higher mind power.

The psychotherapist is responsible to spirit to change his mind and to perform "miracles," but is not responsible to the client to change his life or to reform the profession. The purpose of spiritual psychology and psychotherapy is to transcend the illusion of separation, to escape the dominance of perception in thinking and to activate spirit in the life of the mind. The therapist and the client experience an interaction through spirit that diminishes personal suffering when learning forgiveness. Both the profession and the world, as illusions, can never be healed or reformed, but as its last stand, the ego will always contend that spirit is problematic.

Spiritual Counseling-The first step is recognizing our true self is to understand that each of us is spiritual beings. Our spirit guides us through life. Spiritual counseling is life coaching that helps awaken and revitalize our spirits, it help to give us direction in our everyday lives to move ahead on our path to awakening and enlightenment. It will allow you to see your life in a more light and spiritual way instead of just focusing on the physical attributes of life. It can help give you new personal perspective and vision. Spiritual counseling refers to such a service when the advice or guidance provided is based on spiritual principles.

The role of Spiritual Counselors -1) To assist counselee in strengthening his connection to his divine Source resulting in receiving perfect answer for him. 2) To be truly helpful by allowing counselee the freedom to explore and share what is in his mind and heart. 3) To heal the painful and difficult problems of life with love, passion and integrity. 4) To heal emotional trauma and abuse. 5) To know unique purpose in the world and how to achieve it. 6) to help and develop a

The Role of Spiritual Psychology for Holistic Living

clear and realistic plan with god to accomplish a career and personal goals.7) Release guilt, fear and other emotions and limiting beliefs, 8) to give practical advice to counselee on how to heal his personal relationship.

Spiritual Counseling can help you to find answers within our self instead of being dependent on someone else to give us answers, people that need to have some inner reflection will find this to be quite beneficial. Spiritual counseling helps to the counselee in personal growth in terms of feeling completely restored and filled with peace, to develop stronger sense of connection with god, our self deeper understanding of how the life circumstances are presently serving and to know all the questions fully answered, regardless of their nature (I.e. personal and social) profound knowingness of how loved and acceptance truly are in god's eye.

Spirituality at work place- The work place spirituality recognizes that people have inner life that nourishes by meaningful work that takes place in the context of community (Ashmos & Duchon, 2000). It would mean that work would move from merely being a place to get enough money to survive — from just earning our daily bread to being a place of livelihood. The topic of spirituality is gaining importance among academicians as well as business professionals currently. Spirituality is extensively incorporated either tacitly or explicitly in public or private, and profit or nonprofit organizations across the world.

CONCLUSIONS

Our happiness is a result of our commitment to follow our path, to listen to our truth. As opportunities for growth are presented to us, we have the ability to walk forward into life with our eyes open, in order to understand and assimilate the inner significance of our outer challenges. The aim of this paper was to review and analyze the growing body of spirituality with particular attention to determining the nature and aims of spirituality for holistic living. Somewhere it may explore the role of spirituality and spiritual psychology in health care services, mental health, psychiatrist treatments and counseling.

Further, the main purpose of this paper is to understand the effect of spirituality on mental health. The role spirituality and spiritual psychology like other fields of psychology to understand how and to what degree people integrate their personal faith identity and its psychology manifestations to live a healthier life. Spirituality and faith at work can help practitioners to work better within the field.

REFERENCES

- Ashmos, D. & Duchon, D. (2000). Spirituality at Work. A Conceptualization and Measure.
- Danesh, H. B. (1994). The psychology of spirituality: From divided self to integrated self. Victoria, Canada: Paradigm Publishing.

The Role of Spiritual Psychology for Holistic Living

Fulford KWM, Thornton T & Graham G.(2006). Oxford Textbook of Philosophy and Psychiatry. Oxford University Press.

Gilder, G. (1997). The materialist superstition. Seattle, WA: Discovery Institute for Public Policy. Retrieved December 1999,

Hussain, A.(2005).Spiritual Psychology, Global vision publishing house, New Delhi

Husain, A. (2011).Spirituality and Holistic Health: A Psychological Perspective. New Delhi, Prasad Psycho Corporation, ISBN: 978-81-909923-3-6

K.Ramakrishna Rao & Sonali Bhatt-Marwah.(2002).*Towards a spiritual Psychology*: Essays in *Indian* psychology (pp. 169–209). New Delhi

Koenig, H. G. (2005) Faith and Mental Health. Templeton

Koenig, H. G., McCullough, M. E. & Larson, D. B. (2001) Handbook of Religion and Health. Oxford University Press

Royal College of Psychiatrists (2007) www.rcpsych.ac.uk/spirit

Swinton, J. (2000). '10. The Spiritual Dimension of Pastoral Care: Practical theology in a multidisciplinary context'. Jessica Kingsley Publishers

Steve Rother & Sandra Sedgbeer.(2006). Spiritual Psychology: The Twelve Primary Life Lessons: Information for Facilitators of Human Evolution, Light worker Publications

World Health Organisation WHOQUOL and Spirituality, Religiousness and Personal Beliefs: Report on WHO consultation Geneva: WHO 1998

Impact of Vipassana Meditation on Life Satisfaction

Phra Taweepong Inwongsakul¹, Sampathkumar²

ABSTRACT

Vipassana Meditation is measured to be the embodiment of the tradition from 2500 years back. It is non-scientific technique of self-observation which leads to progressive improved insight and positive life satisfaction attributes, as also, inculcations of family, friends, school, living environment and self life-satisfaction. The goal of this research was to study the effectiveness of Vipassana meditation on life satisfaction. In this study 120 student participants (experimental and control) were selected. The experimental group was given Ten Days (ten hours per day and total hours taken was three hundred hours) Vipassana meditation course. After meditation course the Satisfaction with life scale was administered to experimental and control group immediately. The effect of intervention on experimental group was studied by comparing with control group in pre-post test phases. For analysis of data the GLM- Repeated measures of ANOVA was used. Findings indicate that Vipassana meditation had positive effect on the level of life satisfaction.

Keywords: *Vipassana Meditation, Life Satisfaction*

Vipassana is one of the India's ancient meditation technique also called as Mindfulness meditation. Long lost to humanity, it was rediscovered by Gautama Buddha more than 2,500 years ago (Andresen, 2000). Vipassana means to see things as they really are. It is a procedure of self-observation. The truth-realization by direct experience is the process of purification. This entire Path (Dhamma) is a universal remedy for universal problems and has nothing to do with any organized religion or sectarianism. For this reason, it can be practiced freely by all without conflict with race, caste or religion, in any place, at any time and will prove equally beneficial to one and all. Anderson (2000) says that with sustained practice, the meditation releases the tensions developed in everyday life and opens the knots tied by the old habit of reacting in an unbalanced way to pleasant and unpleasant situations, and develops positive creative energy for the betterment of the individual and society.

¹Research scholar, Department of Studies in Psychology, University of Mysore, Mysore -570 006, Karnataka, India

²Assistant Professor, Department of Studies in Psychology, University of Mysore, Mysore -570 006, Karnataka, India.

Impact of Vipassana Meditation on Life Satisfaction

Vipassana is an appearance of mental training that will teach to experience the world in an entirely new way. Meditator learns what is truly happening to him, around and within him. It is a process of self-discovery, a participatory investigation in which he observes his own experiences while participating in them, and as they occur.

Vipassana meditation is unique in many ways. It is an ancient, free, nonprofessional, nonsectarian, ethical, universal, psychology of spiritual development. It is based upon methodical, continuous, objective observation of oneself at the level of sensations. This special form of observation catalyzes a multilevel, systems development throughout the strata of one's personality. Part of Vipassana unique contribution to mental health derives from its constellation of psychological actions. Vipassana induces changes at the molecular level of the meditator's body. It changes the biology of the meditator's body. It has a dramatic effect at the psychological level. Vipassana is also value-based education. It incorporates a cognitive-behavioral psychology that encourages active practice of ideal ways of solving problems, of interacting with others, or of participating in society. It is an environmental psychology that stresses the feedback loop of harmony. It is a path to nibbana, the transcendence of the material world. Finally, it is a unique tool of human growth, transformative from microstructure to illimitable expanse (Fleischman, 2005).

There are two main types of Buddhist meditation: Vipassana (insight) and Samatha (tranquility). The two are often combined or used one after the other (usually Vipassana follows Samatha). In China and Japan, an entire school of Buddhism developed around the practice of sitting meditation called Chan or Zen Buddhism. The present study focuses on only Vipassana Meditation and its effectiveness on Life-Satisfaction.

Life is complex and painful, a series of inner and outer conflicts. There must be an awareness of the mental and emotional attitudes which cause external and physical disturbances. To understand them one must have time for quiet reflection; to be aware of psychological states, there must be periods of quiet solitude, a withdrawal from the noise and bustle of daily life and its routine. This active stillness is essential not only for the well-being of the mind-heart but for the discovery of the real without which physical or moral well-being is of little significance. In this context the study aimed at investigating the effects of Vipassana Meditation on life satisfaction.

Life Satisfaction

Life satisfaction is the dominance of positive feelings to the negative ones in the daily life and means to be good in different views such as happiness and moral. Life satisfaction is referred as an assessment of the overall conditions of existence as derived from a comparison of one's aspiration to one's actual achievement. Life satisfaction involves generally the whole life of a person and all the aspects of life.

Impact of Vipassana Meditation on Life Satisfaction

Reis and Gable (2003) say that for most people, interpersonal relationship with lovers, family and good friends present the most authoritative sources of well-being and life satisfaction. Another relationship that produces happiness is contribution in religion and spiritual matters (Piedmont, 2004). In part this may reflect the fact that religiosity and prayer are related to higher hope (Snyder, 2004). Gainful employment also imported source of happiness (Argyle, 2001). Yet another important route to attaining a sense of contentment is through here-and-now contemplation of one's external and internal environment. Indeed, a common thread in Eastern thought is that immense pleasure is to be attained through being or experiencing. Even in Western societies, however, meditation upon internal experiences or thoughts has gained many followers (Shapiro, Schwartz, & Santerr, 2002).

Meditation has been defined as a family of techniques which have in common a conscious attempt to focus attention in a non-analytic way and an attempt not to dwell on discursive, ruminating thought" (Shapiro, 1980). For example, Vipassana meditation (Langer, 2002) involves a nonjudgmental attention that allows a sense of peacefulness, serenity, and pleasure. Kabat-Zinn (1990) has posed the following seven qualities of Vipassana meditation: non-judging, acceptance, openness, non-striving, patience, trust, and letting to. Likewise, in what is called concentrative meditation, awareness is restricted by focusing on a single thought or object such as a personal mantra, breath, word or even a sound (Carrington, 1998). Therefore, in the present study vipassana meditation is used to enhance the satisfaction of life.

Rationale for the study

A number of studies have reported the effect of Vipassana meditation on many psychological variables. Usha (2000) studied on effect of Vipassana meditation on physical and psychological level of college students. Kochargaonkar (2005) reports that Vipassana Meditation significantly affect the Subjective Well-Being of the adolescent.

Shapiro, Astin, Bishop and Cordova (2005) study that Vipassana meditation as a way of understanding and personal growth, influencing self-satisfaction. Meditation positively correlates with life satisfaction. The positive impact of Vipassana on various aspects of mental health and personality had been reported in the above studies and it was therefore expected that similar results would come in the present study. The level of satisfaction with life should be a key consideration for an individual contemplating the benefits of Vipassana Meditation.

The present day educational system more concentrates on classroom formal education rather than educational experience to the students. Educational system has the major responsibility to ensure psychosocial, physical and spiritual development of the individual and the society. Since the students of present generation are expected to be the leaders of the coming era. It is necessary to extend education to improve their life satisfaction that ensures individual growth towards better social and sustainable development. The purpose is to make students life better, to add a humanistic dimension to it, to help the inmates introspect and examine themselves and possibly understand the purpose of life better. Vipassana as a meditational technique is dedicated to fulfill these higher goals of life of students. It is believed that Vipassana has a great role to play in transforming socio-cultural misbehavior in student's life. Since Vipassana is believed to be a

Impact of Vipassana Meditation on Life Satisfaction

technique that facilitates deeper psychological introspection and to bring about long lasting behavioral changes, it was considered worthwhile to assess some of these changes in a scientific manner. Keeping in the view of existing literature the present study is planned to aim at introducing Vipassana meditation to enhance Life satisfaction among college students.

METHOD

Objective

To study the effect of vipassana meditation on life satisfaction.

Hypothesis

Vipassana Meditation enhances Life Satisfaction.

Research Design

Pre-Post experimental group design was used to study the effect of Vipassana Meditation on Life Satisfaction. The participants were assigned randomly in to two groups-Experimental and control groups. The Experimental group was exposed to Vipassana Meditation whereas the control group was no exposure. The participants of Experimental and control groups were tested on dependent variable before and after exposure.

Participants

The participants were inmate students from Mahajulalongkon Rajavidyalaya University, Thailand. They have registered for Vipassana Meditation training course. A large group of participants were administered the scale. Only those selected for the study that have scored low level on life satisfaction. The total participant group consists of 120 students. Their age ranges between 18 to 24 years. Then the participants were assigned randomly into two groups namely experimental and control groups. For random assignment of participant in to the groups the random number table was used.

Gender	Experimental group	Control group	Total
Boys	30	30	60
Girls	30	30	60
Total	60	60	120

Measures

1. **Personal information schedule (PIS):** This was developed by investigator and it includes identification data, socio-economic status, etc.

2. **Multidimensional Students Life Satisfaction Scale (MSLSS):** This scale is developed by Scott Huebner in 2001. The 40-item MSLSS can be administered to Students in groups as well as individually. The MSLSS was designed to provide a profile of student's satisfaction with important, specific domains, namely Family, Friends, School, Living Environment and Self. Also assess their general overall life satisfaction. Higher scores indicate higher levels of life satisfaction. The reliabilities range from .70 to .90; thus they are acceptable for research purposes.

Procedure

Pre-test: A large group of participants were administered the life satisfaction scale. Only those were selected for the study who has scored low on life satisfaction. Then the participants were assigned into two groups randomly. For random assignment of groups the random number table was used. The experimental group consists of total 60 students who received Vipassana Meditation. The control group consists of total 60 students who do not received Vipassana Meditation training and kept into close observation.

Intervention: The mechanism of Vipassana meditation

Vipassana Meditation is new tool for correcting our behavior at all level of life. It has gain importance and remained popular as a tool for student's community and to able to make sense of what is happening to a person who is experiencing a mental disturbance. It is a way of self-transformation through self-observation. It focuses on the deep interconnection between mind and body, which can be experienced directly by disciplined attention to the physical sensations that form the life of the body, and that continuously interconnect and condition the life of the mind. It is this observation-based, self-exploratory journey to the common root of mind and body that dissolves mental impurity, resulting in a balanced mind full of love and compassion.

One month Vipassana meditation course was given to students of experimental group. The course was given to the students to practice ten hours per day and took three hundred total hours. The students must declare themselves willing to comply fully and for the duration of the course with the teacher's guidance and instruction that is, to observe the discipline and to meditate exactly as the teacher asks, without ignoring any part of the instructions, nor adding anything to them. This acceptance should be one of discrimination and understanding, not blind submission. Only with an attitude of trust can a student work diligently and thoroughly.

Investigator meets the students of experimental group. After initial interactions, day one activity was beginning with chanting of eight precepts. Then investigator gives all information regarding daily practice and code of conduct in the meditation hall, Information includes-daily time table, meditation technique, do and don'ts of meditation. The investigator is available to meet students privately between 12 to 1:00 p.m. Questions may also be asked in public between 9:00 and 9:30 p.m. in the meditation hall. The interview and question times are for clarifying the technique and for questions arising from the evening discourses for the interview can be on individual and group interview of the students. All students must observe Noble Silence from the beginning of the course until the morning of the last full day. Noble Silence means silence of body, speech,

Impact of Vipassana Meditation on Life Satisfaction

and mind. Any form of communication with fellow students, whether by gestures, sign language, written notes, etc., is prohibited.

To clarify the spirit behind the discipline and rules may be summarized as follows; Take great care that your actions do not disturb anyone. Take no notice of distractions caused by others. It may be said that a student cannot understand the practical reasons for one or several of the rules. Rather than allow negativity and doubt to develop, immediate clarification should be sought from the teacher. It is only by taking a disciplined approach and by making maximum effort that a student can fully grasp the practice and benefit from it. The emphasis during the course is on work. A golden rule is to meditate as if one were alone, with one's mind turned inward, ignoring any inconveniences and distractions that one may encounter. Finally, students should note that their progress in Vipassana depends solely on their own good qualities and personal development, and on five factors: earnest efforts, confidence, sincerity, health and wisdom.

There are two stages of Vipassana Meditation

1. Sitting Meditation: The meditator approaches a quiet place; sits comfortably, keeping his body straight and his head erect; closes his eyes and starts to meditate. If the meditator chooses Anapana Satipatthana the touch of air on one point of his nostril will be noted. Incoming breath will cause a sensation of on that point of the nostril; so also the outgoing breath, which will cause a sensation of touch on that same point of nostril. The meditator just focuses his mind on that sense of touch. If the meditator is following the instruction, the rise of his abdomen caused by incoming breath will be noted. Also the fall of his abdomen caused by the outgoing breath will noting. The mind of the meditator, while trying to concentrate on the rise and fall of the abdomen at all times, will wander outside his body a lot, too.

The meditator should note the rise of the abdomen. The next noting is on the fall of the abdomen, the third noting is on the sense of touch of his bottom on the seat (hardness). If the meditator finds that his mind is still wandering, the following second approach is recommended. The meditator should note the rise of the abdomen. The next noting is on the fall of the abdomen, the third noting will be on the manner of sitting, and then fourthly, on the sense of touch of his bottom on the mediator should disassociate his mind from the shape or the shape or the features of his body. He must note the sense of support (rigidity) in his body. If the mediator finds it too stressful to note four-steps, he should change to the change to the two-steps noting. When the mind wanders, he must note the wandering mind two to three times. He was find that the wandering mind ceases to exist at one of his noting.

2. Walking Meditation: For the meditator who aims to reach the Path and Fruition, it is very important to practice walking meditation. It contributes a lot to his sitting meditation, and as much to his general noting. *One-Step Noting:* When the meditator is moving his left foot, he notes "walking". When he is moving his right foot, he notes "walking" The shape and form of the foot must not be in the mind of the noting meditator. Shapes and forms are pannatti

Impact of Vipassana Meditation on Life Satisfaction

(conventional truths) only. When striving to find paramattha (absolute truth), the mediator must confine his awareness to the sense of movement only. *Two-Steps Noting:* When the meditator lifts his foot to move, he notes “lifting”. The manner of movement of his foot upwards is to be noted. When the meditator puts his foot down, he notes “putting down”. The manner of downward movement is the only interest of meditation to the mediator. *Three-Steps Noting:* When the meditator lifts his foot up, the manner of upward movement must be noted. When the foot moves forward, he notes the forward motion. Then he notes the gradual downward press of his foot to the ground. In Vipassana Meditation, conventional names and forms are not interest of noting. The meditator should try to see the manner of movement in terms of the four constituent elements (Dhatu) in all matter, namely: Pathavi-Dhatu (element of extension or earth elements), Apo-Dhatu (element of cohesion or water element), Tejo-Dhatu (element of kinetic energy or fire element), Vayo-Dhatu (element of support of motion, or wind element). When he lifts his right foot, he would notice that it becomes lighter and lighter as it goes up. That is the indication of the presence of the element of fire and the element of wind. When he puts his foot down to the ground, he would notice that it becomes heavier and heavier. That is the indication of the presence of the element of earth and the element of fluidity. Knowing the four constituent elements is a significant step for the mediator. Only then can he comprehend paramattha sacca. The essence of Vipassana Meditation is the ability of the mediator to be aware of all phenomena (1) as it is, and (2) when it happens. *Six- steps Noting:* The mediator notes the beginning of the lifting of his foot (heels). Next he notes the end of the lifting of his foot. Third he notes the beginning of the forward movement of his foot. Fourth he notes the end of the forward movement of his foot. Fifth he notes the beginning of the downward movement of his foot. If the mediator makes full use of his walking meditation time, in addition to his sitting meditation time, within the thirty days of his retreat. He will find that, because he desires to lift his foot, his foot starts to lift. Because he desires to put his foot down, the foot comes down. *The summary of six notings:* The desire (nama) arises first to cause the physical behavior (rupa) to happen. An alternative six-steps noting is as follows: The meditator notes the starting of the lifting of his foot. Then he notes that he lifts his foot. Third he notes that his is moving forward. Fourth he notes that his foot is going down. Fifth he notes that the foot is touching the ground. Sixth he notices the whole of his weight on that foot, so as to start lifting the other foot. This approach is good for young people who have a lot of wandering thoughts. If the mediator really can work as suggested, adhering to all the nothings in walking meditation, he is sure to find the Path and the Fruition very quickly.

Post-test: Satisfaction with life scale was administered for both experimental and control group immediately after the intervention. The effect of the intervention on experimental group was studied and compared in pre-post test phases. Later the same intervention activities were conducted to the control group also for ethical considerations.

Data Analysis

In order to test the hypotheses, a computer based SPSS package was used to analyze the data. The “t” test was used to equate the groups and General Linear Model- repeated measures of

Impact of Vipassana Meditation on Life Satisfaction

ANOVA were utilized to find out the significance of variance within-subjects group effects and between-subjects group effects.

RESULTS AND DISCUSSION

Table No.1

Mean, SD and t values for pre-test and post-test scores on Total life satisfaction of boys and girls of both experimental and control groups.

GROUP	GENDER	PRE TEST		POST TEST		CHANGE
		MEAN	SD	MEAN	SD	
Experimental	Boys	86.33	4.611	122.90	6.583	36.57
	Girls	86.77	6.942	119.87	3.785	33.10
	Total	86.55	5.847	121.38	5.539	34.83
Control	Boys	86.30	4.340	88.90	4.037	2.6
	Girls	86.07	4.863	85.77	6.606	0.3
	Total	86.18	4.571	87.33	5.653	1.15
Total	Boys	86.32	4.440	105.90	17.978	19.58
	Girls	86.42	5.953	102.82	18.003	16.40
	Total	86.37	5.229	104.36	17.982	17.99

Table No.2

Summary results of GLM repeated measures ANOVA within and between subjects of Life satisfaction of boys and girls both experimental and control groups in pre test and post test situation.

Within Subject Effects					
SOURCE OF VARIANCE	SUM OF SQUARES	MEAN SQUARES	F	P	
Change pre & post test	19422.004	19422.004	701.902	.000	
Change Expt and Control group	17018.504	17018.504	615.040	.000	
Change Gender	152.004	152.004	5.493	.021	
Interaction Expt-Control Group and gender	1.204	1.204	.044	.835	
Error (Change)	3209.783	27.671			
Between Subject Effects					
Expt – Control Groups	17767.604	17767.604	597.984	.000	
Gender	133.504	133.504	4.493	.036	
Expt – Control Groups and Gender	2.204	2.204	.074	.786	

Impact of Vipassana Meditation on Life Satisfaction

Repeated Measures of ANOVA revealed a significant increase in life satisfaction scores from pre to post test situation irrespective of the groups. The F value 701.902 was found to be highly significant ($p = .000$). Irrespective of the groups in pre-test, the mean total life satisfaction score was 17.99 is increased from 86.37 with the increase of 104.36 scores which found to be significant. When increase in the life satisfaction scores with reference to groups are concerned again a significant 'F' value was observed ($F=615.040$; $p = .000$) indicating a differential increase for experimental and control groups. From mean values it is evident that experimental group had an increase of 34.83 scores (from 86.55 to 121.38), whereas control group had increase of only 1.15 scores (from 86.18 to 87.33). So the increase in the life satisfaction has basically in the experimental group which can be attributed to the effectiveness of Vipassana meditation. However the interactions between gender with respect to change in the scores and gender with respect to groups and change in scores were found to be non-significant.

In between-subjects effects between groups (irrespective of conditions) together significant difference was observed ($F=597.984$; $p = .000$). However interaction between groups and gender was found to be non-significant.

Previous study is also report similar findings (Kochargaonkar, 2005; Shapiro, Astin, Bishop & Cordova, 2005). This studies correlate positively to meditation with life satisfaction. The clinical studies also have found that Vipassana meditation reduces stress and cultivates mindfulness, a nonjudgmental awareness of the present (Chiesa, & Serretti, 2010; Germer, Siegel & Fulton, 2005). The vipassana meditator's performance also seems to increase life satisfaction, quality of life, self-esteem, self-concept and help the subjects to develop greater tolerance of common stressors in life. According to Chandiramani et al. (1995) Vipassana meditation emphasizes both conscious life style changes in the area of morality and deeper psychological analysis, which alters the contents and the processes of the mind in fundamental ways. Vipassana meditation courses had been found to bring out many positive changes in the behavior of jail inmates.

The present day educational system more concentrates on classroom formal education rather than educational experience to the students. Educational system has the major responsibility to ensure psychosocial, physical and spiritual development of the individual and the society. Since the students of present generation are expected to be the leaders of the coming era. It is necessary to extend education to improve their life satisfaction that ensures individual growth towards better social and sustainable development. The purpose is to make students life better, to add a humanistic dimension to it, to help the inmates introspect and examine themselves and possibly understand the purpose of life better. Vipassana as a meditational technique is dedicated to fulfill these higher goals of life of students.

CONCLUSIONS

1. The Vipassana meditation has improved life satisfaction.
2. There is no difference between boys and girls in the rate of improvement on life satisfaction.

REFERENCES

- Anderson, J. (2000). Meditation meets behavioral medicine: The story of experimental research on meditation. *Journal of consciousness studies*, 7, 17-73.
- Argyle, M. (2001). *The psychology of the happiness* (2nd Ed.). London: Routledge.
- Carrington, P. (1998). *The book of meditation*. Boston: Element Books.
- Chandiramani, K., Verma, S. K., & Dhar, P. L. (1995). Psychological effects of Vipassana on Tihar Jail inmates. Vipassana Research Institute, Dhammagiri, Igatpuri: India,
- Chiesa, A. A., & Serretti, A. A. (2010). A systematic review of neurobiological and clinical features of mindfulness meditations. *Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences*, 40(8), 1239-1252.
- Fleischman, P. R. (2005). Vipassana Meditation: A Unique Contribution to Mental Health. *Karma and Chaos*, Vipassana Research Publications, www.pariyatti.com.
- Germer, C. K., Siegel, R. D., & Fulton, P. R. (2005). *Mindfulness and psychotherapy*. New York: Guilford Press.
- Kabat-Zinn, J. (1990). *Full catastrophe living*. New York: Delacorte press.
- Kochargaonkar, S. H. (2005). Effect of Vipassana on Subjective Well-Being and Academic Performance among Adolescents. *Indian journal of Community Psychology*.1 (2), pp.181-186
- Langer, E. (2002). Well-being: Mindfulness versus positive evaluation. In C. R. Snyder & S. J. Lopez (Eds.), *Handbook of positive psychology* (pp. 214-230). New York: Oxford University Press.
- Piedmont, R. L. (2004). Spiritual transcendence as a predictor of psychosocial outcome from an outpatient substance abuse program. *Psychology of Addictive Behaviours*, 18, 213–222.
- Reis, H. T., & Gable, S. L. (2003). Toward a positive psychology of relationships. In C. L. Keyes & J. Haidt (Eds.), *Flourishing: The positive person and the good life* (pp. 129 –159). Washington, DC: American Psychological Association.
- Scott Huebner (2001). Multidimensional Students Life Satisfaction Scale. University of South Carolina Department of Psychology Columbia, SC 29208.
- Shapiro, D. H. (1980). *Meditation : Self-regulation strategy and altered state of consciousness*. New York: Aldine.
- Shapiro, S. L., Astin, J. A., Bishop, S. R., & Cordova, M. (2005). Mindfulness-based stress reduction for health care professionals: Results from a randomized trial. *International Journal of Stress Management*, 12, 164–176.
- Shapiro, S. L., Schwartz, G. E. R., & Santerr, C. (2002). Meditation and positive psychology. In C.R. Snyder & S. J. Lopez (Eds.) *The handbook of positive psychology* (pp. 632-645). New York: Oxford University Press.
- Snyder, C. R. (2004). *Hope and spirituality*, International Society for Quality of Life Studies Conference, Philadelphia.
- Usha, M. (2000). Vipassana: It is Relevance to the Individual and Society, Cited in Buddhism Today. Updated Online Document, <http://www.vridhamma.org/Relevance-to-Individual-and-Society-94> (Retrieved on 21st March, 2014).

Psychological Interventions in Pain Management

Mustafa Nadeem Kirmani¹, Firdos Jehan², Rumana Sanam³

ABSTRACT

Pain is among the most common somatic complaints. Fortunately, in only a minority of people is pain long lasting and severe, such that it interferes with daily life activities. Those with chronic, disabling pain present to healthcare providers repeatedly. Often they experience anxiety and depression, irritation, frustration and helplessness, and they suffer from insomnia and excessive medication use. It results from complex interplay of biological, psychological & sociocultural factors. There are gamut of medical and psychosocial factors which cause pain. Pain is basically a sensory, emotional and subjective experience. High psychological arousal and cognitive set are significant factors which maintain or exacerbate the pain. In this paper, psychological strategies of pain management are being discussed. The major focus being cognitive behavioral interventions. The paper focuses on psychological factors related to pain and the role of professional psychologists in dealing with cases of chronic or other pain related disorders. The paper highlights the importance of incorporating biopsychosocial model in pain management for speedy recovery and better quality of life of pain patient.

Keywords: Pain, psychological management, biopsychosocial model

Pain is a complex, personal, subjective and unpleasant sensory and perceptual experience that may or may not have any correlation with bodily injury or tissue damage. The International Association for the study of pain defines pain as “Sensory and emotional experience” (IASP, 1979). Emotional processes are central to the experience and expression of pain. Pain is the outcome of a complex interplay of influences, including psychological factors, which may operate both as risk factors in and consequences of pain. Psychological factors play an important role in the onset, severity, exacerbation or maintenance of the pain. During the past half century, psychological thought has moved away from linear to multicausal models of pain (Gamsa, 1994). When a psychological causation of pain is postulated, multiple determinants of pain are usually also discussed.

Pain is among the most common somatic complaints. Fortunately, in only a minority of people is pain long lasting and severe, such that it interferes with daily life activities. Those with chronic, disabling pain present to healthcare providers repeatedly.

¹Research Scholar, Department of Psychology, Aligarh Muslim University (AMU), Aligarh

²Rehabilitation Psychologist, Aligarh, U.P

³Post graduate (M.A) Student, Department of Psychology, AMU, Aligarh

Psychological Interventions in Pain Management

Often they experience anxiety and depression, irritation, frustration and helplessness, and they suffer from insomnia and excessive medication use. It is well known that this group of chronic sufferers is difficult to treat: there is no immediate and definitive solution available for their pain problem. Great progress has been made in our understanding of the therapeutic strategies with different agents and techniques on pain in the past decades, but the analgesic result is not as effective as in chronic pain. Two hundred years ago, the word “placebo” was defined by Robert Hooper in his dictionary to a more modern medical meaning as “any medicine adapted more to please than benefit the patient” (Hooper, 1811).

Evidence has accumulated that psychological factors play a major role in the development and maintenance of many features of a pain in clients presenting for treatment, largely independent of the original cause of their pain. The level of their disability is associated with more emotional distress and maladaptive conditions than with pathophysiology. Many of their problem are the result of inappropriate learning behaviours in dealing with pain and its consequences, for example pain complaints, resting, limping and taking medication. These behaviours are reinforced by their consequences or by the contingencies existing in the client’s current environment. Cognitive and emotional factors are also involved, fear, anxiety, attributions, beliefs, self-efficacy, sense of having control over pain, and coping strategies interact in complex ways in the development of the problem of pain. Signs of emotional distress are frequently the most clearly recognizable evidence that another person is experiencing pain. To communicate their emotional distress most people readily offer dramatic affective language, describing pain in terms of tension, fear and autonomic distress. Expressions such as terrifying, frustration are often accompanied by paralinguistic vocalization of meaning and groaning and non-verbal signs of affective discomfort to signal the sufferer’s distress to others. The most common emotional concomitants of pain are anxiety, fear and depression. Pain also involves gamut of emotional states like anger aggression and guilt. Pain also creates fear of avoidance whereby anxiety about activities exacerbating the pain stimulates the avoidance of those activities. Activity patterns and daily routines become disrupted while depression and catastrophizing thoughts are obstacles to recovery. Pain behaviours like groaning, crying etc. are reinforced by the social response they bring (attention, sympathy, legitimization of the behavior, and a temporary reduction of pain). Passive behaviours such as resting, reading, or watching television, which may be pleasant and associated with less pain, may become predominant. Pain behaviours may also buy time out of undesirable duties or activities.

Psychological Analgesia

It is a broad concept that includes all aspects referring to the psychological intervention. Hypnosis, music therapy, preoperative education, and linguistic suggestion all belong to psychological approaches in pain control. Whatever psychological methods used in analgesia, common neurophysiological mechanisms exist and different models explain its function. Functional magnetic resonance imaging (fMRI) verified an increase in neural activity during placebo associated psychological stimulation that is related to two major pain modulation

Psychological Interventions in Pain Management

mechanisms : i) affective regulation which includes activation of the rostral anterior cingulate cortex, bilateral amygdala, and medial prefrontal cortex; and ii) higher cognitive regulation during which the posterior cingulate, pre-cuneus, rostral anterior cingulate cortex, perihippocampal gyrus, and the temporal lobes are activated. As the “gate theory” described that afferent inhibition blocks ascending signals from the periphery, psychological stimuli at the early period produce analgesic effect through a self reinforcing feedback mechanism.

Several models give an in-depth understanding of the psychological stimulation associated analgesia. Conditioning, expectancy, motivation, and emotion are four psychological mediators involving in the process of analgesia. Conditioning model says that the interventional effect presented when the individual without knowing the stimulation would be and this process would not produce cognition. In this model, the perception of pain after psychological treatment largely depends on the learning history of the individual which determines the response variability under different context. The psychological conditioning as well as the verbal suggestion can turn tactile stimuli into pain and low-intensity pain into high-intensity pain. For this, the direct evidence was the conditioned pain reduction could be absolutely removed when the psychological stimuli were explained (Montgomery & Kirsch, 1997). Originally, conditioning is the primary response to psychological analgesia. Following conditioning, expectancy of the psychological stimuli to produce an effective analgesia takes place. Once the patients expect to have an improvement in pain management, the effect of psychological analgesia would play its role. Due to anxiety and fear to pain, patients generally want to have rapid and effective methods that can relieve their pain which consequently leads to an expectancy of their pain therapies. Under this condition, physicians’ attitude and enthusiasm takes an important part in whether or not the psychological analgesia comes into play (Weintraub, 2005). Give patients the hope to conquer pain accompanying with a warmth care, the expected effect of psychological analgesia would be maximized. After expectancy, motivation of analgesia is another aspect in determining the effect of psychological interventions. If the patient desires for a relief of pain, the real analgesic role of psychological stimuli would be magnitude. The motivation itself whether or not could predict the psychological effect on one type of pain needs to be explored at length, and could it be effective for Psychological Strategies in Pain Management. A body of literature has confirmed the role of emotions in pain perception and alleviation. Anxiety and stress are two main factors of emotion-associated psychological mediator. It is believed that anxiety is the cause of increased levels of pain, and reduction in anxiety produces analgesia (Luciano et al., 2011). Stress sometimes is related with increased levels of pain, but in some contexts, stress can produce analgesia (Donello et al., 2011). Therefore, the purpose of psychological suggestion in pain control is to alleviate patients’ anxiety and stress, which in turn produces a feedback analgesia effect

The Operant Model

In developing and providing the initial tests of the operant model of CP, Fordyce and his colleagues (Fordyce et al., 1968) gave birth to what became the field of psychological pain management. Operant theory hypothesizes that all behavior is sensitive to the effects of

Psychological Interventions in Pain Management

environmental responses to that behavior. Behaviors followed by reinforcers will maintain or increase in frequency, and behaviors that are ignored or punished may briefly increase but will ultimately decrease in frequency. Fordyce noted that “pain behaviors”—the things that people do that *communicate* pain to others (i.e., overt expressions of pain and suffering such as limping and grimacing)—are no different than any other behavior with respect to their sensitivity to environmental influences. Pain behaviors followed by reinforcing events, such as affection or sanctioned time out from social responsibilities, will increase in frequency. However, if pain behaviors are systematically ignored, and behaviors incompatible with them—so-called “well behaviors” such as exercise and maintaining an active lifestyle, including employment—are encouraged or positively reinforced, then over time these well behaviors will increase and pain behaviors will decrease. Interest in relaxation training as a treatment for pain continues, and relaxation training is often a component of interdisciplinary pain treatment and cognitive-behavioral therapy regimens. Relaxation training is also sometimes used as a stand-alone treatment for tension-type headaches. However, there is an increasing recognition that the beneficial effects of relaxation training alone on pain tend to be limited.

Cognitive and Coping Models

During the 1970s and early 1980s, the field of psychology expanded to include a greater interest in cognitions (e.g., beliefs, attributions, expectations) and cognitive treatments (Beck, 1979; Dember, 1974; Lazarus & Folkman, 1984; Meichenbaum, 1976), and psychologists began to apply cognitive models to the problem of CP (Turk et al., 1983). Cognitive models argue that our understanding of and ability to predict and influence behavior and mood are enhanced when we take into account an individual’s beliefs, attributions, motivation, and intentions. These factors are reflected in an individual’s thoughts, and thought processes represent viable treatment targets. Perhaps the most common intervention to emerge from this time period was cognitive therapy, which consists of teaching the patient to be aware of his or her thoughts and to evaluate those thoughts with respect to their overall rationality and helpfulness (vs. their irrationality and unhelpfulness). As treatment progresses, patients are encouraged to develop and focus on adaptive thoughts when irrational or unhelpful thoughts are identified. The primary assumptions shared by all CBT interventions are as follows: (a) People are active processors of information; (b) people are capable of gaining control over their thoughts, feelings, behaviors, and to some extent physiological processes; and (c) there are interrelationships among thoughts, feelings, behaviors, and physiological processes, and changes in one or more of these factors may result in changes in the others. Moreover, with CBT there is an emphasis on or at least an inclusion of components that target maladaptive cognitive content or processes. Finally, all CBT approaches emphasize patients’ self-management of their lives coupled with optimism about people’s abilities to function even when experiencing symptoms such as pain or fatigue. Despite the tactical problem related to differences in the specific therapeutic elements of CBT interventions, research supports the efficacy of CBT interventions for reducing pain and improving physical and psychological functioning in adults and children with persistent pain, at least modestly and to a degree comparable to that for other treatments (Eccleston, & Morley, 2009). The list of CP

Psychological Interventions in Pain Management

interventions based on cognitive and coping models (i.e., CBT interventions) is large and appears to be growing. It includes coping skills training (e.g., Keefe et al., 1999), mindfulness-based stress reduction (Schmidt et al., 2011), motivational interviewing, acceptance-based interventions and graded exposure in vivo. Although a number of different treatments can be classified as CBT interventions, each has a different emphasis. For example, cognitive therapy focuses on teaching patients to monitor and evaluate their thoughts with respect to how adaptive (e.g., reassuring, calming) or maladaptive (e.g., alarming, distressing) they are, to facilitate the adaptive cognitions, and to replace maladaptive cognitions with more adaptive ones. Motivational interviewing targets “change talk” that is hypothesized to increase the probability of the use of coping responses thought to be adaptive and to decrease the probability of the use of coping responses thought to be maladaptive.

BIOPSYCHOSOCIAL MODEL

Engel (1977) gave ‘Biopsychosocial’ approach to medicine. The biopsychosocial model presumes some form of physical pathology or at least physical changes in the muscles, joints, or nerves that generate nonnoceptive input to the brain. At the periphery, nonnoceptive factors transmit sensation that may or may not be interpreted as pain. Such sensation is not yet considered pain until subjected to higher order psychological and mental processing that involve perception, appraisal and behavior. Perception involves the interpretation of nonnoceptive input and identifies the type of pain (sharp, burning). Appraisal involves the meaning that is attributed to the pain and influences subsequent behaviors. The biopsychological model has been instrumental in the development of cognitive behavioral treatment approaches for chronic pain, including assessment and intervention.

Classification of Pain

(1) Acute Pain : Pain that persists for less than 6 months is called acute pain. It is self-limiting and usually remits of its own without the need of treatment by a healthcare professional.

(2) Chronic pain: Pain that lasts for more than 6 months is called chronic pain. eg. Osteoarthritis, Fibromyalgia, etc.

(3) Recurrent Acute Pain : Pain that is characterized by pain episodes that alternate with pain free periods often in an unpredictable fashion is called recurrent acute pain.

Epidemiology of Pain

In the USA, there may be over 30 million people with chronic pain. Data obtained from the American Survey of Pain specialists suggest that approximately 2.9 million (1.1%) of the population are treated annually by Healthcare professionals specialized in chronic pain (Market data Enterprise, 1995).

Psychology of Pain

Emotional distress is common in people with chronic pain. Another pain persists, they may be unable to work, have financial difficulties, difficulty in performing everyday activities, sleep disturbance, or treatment related complications. They may be fearful and have inadequate or maladaptive support systems and other coping resources available to them. These consequences of chronic pain can result in depression, frustration, irritation, anger, anxiety, self-preoccupation or isolation. They feel totally demoralized. Biomedical factors appear to instigate the initial report of pain. Overtime, however, psychosocial and behavioural factors may serve to maintain and exacerbate the level of pain, influence adjustment and contribute to excessive disability. From this view, pain that persists over time should not be viewed as solely physical or purely psychological, the experience of pain is maintained by an interdependent set of biomedical, psychosocial and behavioural factors.

Health care providers need to consider not only the physical basis of pain but also clients' mood, fears, expectancies, coping resources and the response of significant others, including themselves. Regardless of whether there is an identifiable physical basis for the reported pain, both psychosocial and behavioural factors will interact to influence the nature, severity and persistence of pain and disability.

In order to understand the psychology of pain better, some specific affective and cognitive factors, that are particularly important in understanding chronic pain sufferers, and their experiences are now discussed.

(1) Affective/Emotional Factors

Pain is ultimately a subjective, private experience which is invariably described in terms of sensory and affective properties. The affective components of pain include negative emotions especially depression, anxiety and anger.

(a) Depression

Studies suggest that 40-50% of chronic pain clients suffer from significant depression (Banks and Kerns, 1996). Turks (1995) determined that individual's appraisal of the effects of pain on their lives and of their ability to exert control over the pain and their lives mediated the pain-depression relationship. These clients who believed that they could continue to function and maintain control despite their pain did not become depressed.

(b) Anxiety

Anxiety is also one of the prevalent emotions observed in chronic pain clients. In the absence of physical pathology to explain their pain they become fearful. The fear relates to activities that they anticipate will increase their pain. These fears may contribute to inactivity and greater disability. In addition to fear of movement, people with chronic pain may be anxious about the meaning of their symptoms for the future will their pain increase, will their physical capacity diminish, will they have progressive disability and ultimately end up in a wheel-chair or bed-ridden? In addition to those sources of fear, pain sufferers may fear that on the one hand people

Psychological Interventions in Pain Management

will not believe that they are suffering and on the others they may be told they are beyond help and just have to learn to live with it. All of these fears will contribute to increase muscle tension and physiological arousal that may exacerbate and maintain pain.

(c) Anger

Anger has been widely observed in people with chronic pain. 55% of clients reported “bottled up anger”. Kern, Rosenberg and Jacob (1994) noted that the internalization of angry feelings was related to measures of pain intensity, perceived interference and reported frequency of pain behaviours. Anger and hostility tend to increase the severity of pain. It is thus reasonable to expect that the presence of anger may serve as a complicating factor, increasing autonomic arousal and blocking motivation and acceptance of treatments oriented toward rehabilitation and disability management rather than cure. It is important to be aware of the significant role of negative mood on chronic pain clients because it effects treatment motivation and adherence to treatment recommendation.

(2) Cognitive Factors

Cognition refers to beliefs, attitude, perception, knowledge and appraisal of any phenomenon. The term appraisal has come from the psychology of emotion. Appraisal means one's interpretation and understanding of a particular situation or one's own somatic/bodily processes. Cognitive factors are determined by one's indirect or direct experiences. Cognitions are either directly or indirectly related to pain perception. They either precipitate or maintain or exacerbate pain. Cognitive behavioral interventions for pain management work on modifying dysfunctional beliefs related to pain and help building effective coping skills and through healthy coping statements.

Chronic Pain and Cognitive Behavioral Interventions

Many medical conditions like osteoarthritis, pain associated with oncology issues, fibromyalgia and gamut of medical conditions lead to chronic pain in the patients. Chronic pain is not only one of the highly prevalent problem but also a costly issue for people suffering from it, health care system and society in general. Patients with chronic pain report impairments of multiple quality-of-life measures, including physical, social and psychological well-being. This mixture of physical, emotional and social factors often complicates managing patients with chronic pain. Treatment of chronic pain needs to address the physical pathology that initiated the chronic pain, as well as the important social and psychological sequelae of chronic symptoms. Although multiple medical, surgical and other physical interventions are available, patients with chronic pain continue to experience symptoms with significant distress and disability. As a consequence, patients experience frustration, emotional distress, feelings of helplessness, and an overall sense of demoralization as they continue their quest to achieve relief. Psychological treatments are often considered when medical interventions prove to be inadequate but often are not integrated with traditional medical approaches. Psychological approaches used alone or in combination

Psychological Interventions in Pain Management

with appropriate pharmacological strategies, should be an integral part of care plans for most chronic pain patients. Psychological interventions used in combination with appropriate drug regimen often improve overall pain management, enhancing therapeutic effects while allowing reduction of medication doses to prevent or diminish adverse drug effects. Based on empirical research, there are three most common types of psychological treatment of chronic pain include:

1. Cognitive Behavioral Therapy (CBT),
2. Relaxation Training, and
3. Biofeedback.

These approaches are often used together to provide simultaneous interventions at cognitive and physical levels. Research on cognitive behavioral interventions in chronic pain involves CBT, relaxation therapy, biofeedback, or some combination of the three. Generally, some form of CBT is combined with either relaxation training or biofeedback.

ASSESSMENT

Patients with chronic pain need to feel understood by those who are providing care to them. On the other hand, a therapist requires relevant and adequate information about the patient from a bio-psychosocial perspective to establish therapeutic goals. Therefore, a comprehensive psychological assessment is a prerequisite for CBT and other interventions. Before starting the therapy clinician should have understanding of the following:

1. The patient in his or her physical and social environment,
2. The patient's relevant strengths and weaknesses,
3. The evidence for any psychopathology,
4. The nature of the disease and treatment regimen, and
5. The coping skills being used by the patient,

Cognitive Behavioral Therapy

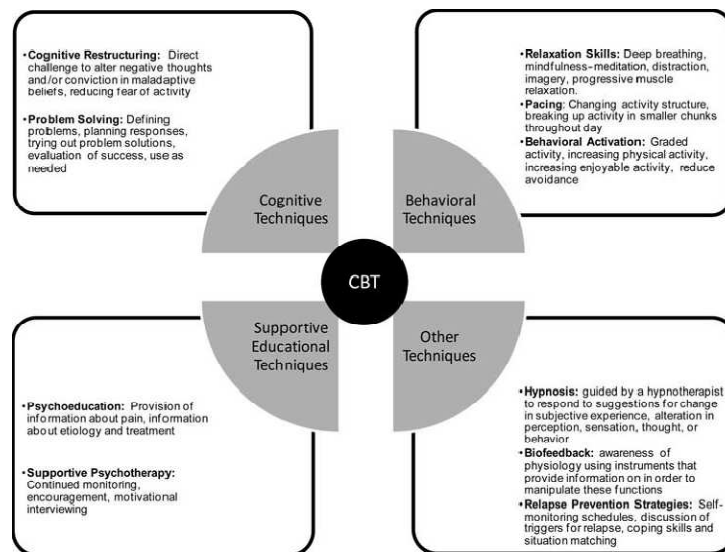
CBT uses active, structured techniques aimed at modifying thoughts and behaviors and assisting individuals in developing a perspective of personal control and self-management of their pain. The components of CBT include

- Reconceptualization of the pain experience as subject to personal control
- Identification of idiosyncratic beliefs about pain and pain treatment; through the influence of thoughts, feelings, and physical activities
- Training in a number of cognitive and behavioral coping skills and presentation and discussion of their rationale
- Practice and consolidation of these coping skills through imagery, rehearsal, role playing, and contingent reinforcement of their appropriate use.

Psychological Interventions in Pain Management

Figure 1

Summary of Cognitive-Behavioral Therapy (CBT) Techniques



Note. From “Cognitive-Behavioral Perspective and Cognitive-Behavioral Therapy for People With Chronic Pain: Distinctions, Outcomes, and Innovations” by M. Skinner, H. D. Wilson, and D. C. Turk, 2012, *Journal of Cognitive Psychotherapy*, 26, p. 98. Copyright 2012 by Springer Publishing Company.

Patient Education and Preparation for the Cognitive Behavioral Therapy

The importance of patient education cannot be overemphasized. Such education programs commonly include information about the nature of pain and how to use pain assessment instruments, medications, and non-pharmacological pain management strategies. For many patients, especially older persons, family caregiver education is also essential. Whether the program is conducted one-on-one or organized in groups, it should be tailored to patients' needs and levels of understanding. The use of suitable written materials and appropriate methods for reinforcement is important to the success of the program.

Introducing the cognitive behavioral model into treatment requires some preparation of the patient. Preparing the patient for CBT involves reconceptualization of pain experience and establishing a collaborative therapeutic relationship. It can begin with dispelling the myth or misconception that the patient has been referred to a mental health professional because the pain is “in your head”. One must always be careful not to imply that “the pain is all in our head” or not believable. It is helpful to present therapeutic techniques as methods to help the person manage the pain more effectively, improve the quality of life, and improve one's mood even though the pain will still be there. Patients with chronic pain need to understand and accept that one of the main aims of CBT is to enable them to develop more effective coping strategies.

Psychological Interventions in Pain Management

Explaining and discussing the gate control theory of pain with the chronic pain model along with examples form the foundation upon which the multifaceted intervention will be justified to the patient. Patients can be encouraged to explore links between cognitive behavioural factors and their pain. Active participation of patient in therapeutic program is essential for its success. It is helpful to explain that psychological pain management techniques differ from the many medical treatments the patient has likely undergone. In contrast to medical treatments, the patient must be actively involved in cognitive behavioural intervention program. Giving the rationale behind the various interventions (e.g., cognitive behavioral strategies, relaxation training, etc) to the patient also helps in the promotion of reconceptualization of pain experience as well as in his or her active involvement in the therapy.

COGNITIVE RESTRUCTURING

The cognitive behavior therapist and patient work together to identify specific patterns of thinking and behavior that underpin the patient's difficulties. Treatment continues between sessions with homework assignments both to monitor and challenge specific thinking patterns and to implement behavioural change. The cognitive methods in therapy include:

- Detailed explanation and discussion of the cognitive model to develop understanding about connections between thoughts, affect, and behavior using ABCDE paradigm
- Keeping a diary monitoring situations, thoughts, and feelings to develop awareness about these (Box 1).
- Identifying connections between thoughts, affect, and behavior
- Identifying specific cognitive errors or distortions
- Examining evidence “for” and “against” the thoughts
- Coaching patients in challenging negative thoughts by questions and other rational techniques
- Learning to identify dysfunctional assumptions underpinning distortions
- Cognitive rehearsal of coping with difficult situations or use of imagery

Psychological Interventions in Pain Management

Box 1: Thought Diary

Date :

<i>Time Situation</i>	<i>Emotion or Feelings or mood (Rate degree, 0-100%)</i>	<i>Automatic Thoughts (Rate belief, 0-100%)</i>	<i>Alternative Responses (Thoughts) (Rate belief, 0-100%)</i>	<i>(Re-rate belief in automatic thought (0-100%) & emotion (0-100%))</i>

Challenging Dysfunctional Automatic Thoughts: Following key questions can be utilized to challenge dysfunctional or negative automatic thoughts identified:

- Is there an alternative explanation?
- What is the evidence that this thought is true ?
- What are the advantages and disadvantages of thinking this way?
- What is the best outcome, worst outcome, and most realistic outcome?
- What is the likelihood that this will happen?
- Am I asking questions that have no answer?

Patients are helped to learn application of these key questions to their own negative thoughts whenever they occur. They can select one or two questions that are useful in identifying the underlying logical problems in their thinking.

Reducing Catastrophizing and Promoting Appropriate Coping Strategies

Catastrophizing is one of the most common cognitive errors observed in chronic pain patients; therefore, it should be identified and specifically targeted. Catastrophizing patients are more likely to improve from self-instruction and verbal re-attribution, whereas non-catastrophisers benefit from interventions such as attention switching or distraction or attention control training (mindfulness). To reduce Catastrophizing, clinician should encourage the patient to recognize catastrophic cognitions and appreciate the unhelpful nature of these in coping with chronic pain as well as help them to develop alternative ways of thinking about it.

Generally, patients develop their own coping strategies to deal with their pain. The aim of coping strategy enhancement is to facilitate the implementation of appropriate active coping strategies, at the same time reducing the passive ways of coping. Before introducing new coping strategies, effectiveness of existing coping strategies should be analyzed. Use of particular strategies is often associated with patient's pain representations and pain control. If a patient believes that

Psychological Interventions in Pain Management

pills can alleviate pain, he may overuse medication and underuse the strategies related to psychosocial factors. Training in cognitively based coping strategies increases coping attempts, decreased negative thinking and lower tendency to report pain. Patients can test out which strategies are most effective for them. Coping strategy intervention can be targeted at medication use if there is evidence that medication is being used erratically or contrary to medical advice.

Contingency Management

Contingency management is aimed at reducing the frequency of reinforcement of pain behaviours and to increase the frequency of non-pain behaviours by systematically rewarding them. Therapeutic goals include promotion of increased physical activity, reduction in medication use, and prevention of unnecessary disability. Contingency management is indicated when there are no physical findings or patient's report of pain is clearly in excess to physical findings. These treatment strategies are less appropriate when physical findings account for patient's presentation and when there is no evidence of inactivity. It is important to address reinforcement of pain behaviours by family members and significant others by discussing these issues with them in an individual session. In addition to this, pacing of activities by using activity schedule is also very useful for patients who engage in burst of activity. The rationale for this strategy is 'do what you plan to do, not what you feel like to doing'. A graph with two axes (the 'x' axis for time and 'y' axis for amount of activity or pain intensity) can be used to make patients realize the fact that they are engaging in bursts of activities i.e. doing less on a 'good day' and more on a 'bad day', They are encouraged to sustain a similar level of activity irrespective of pain experience and increase level of activity gradually.

The other behavioral elements in CBT may include

- Setting up behavioral experiments to test irrational thoughts against reality
- Target setting and activity scheduling
- Teaching specific skills such as relaxation
- Role playing, behavioral rehearsal, therapist modeling coping behaviors
- Problem solving skills

Relaxation Training

Relaxation is defined several ways; as a psycho physiological state characterized by parasympathetic dominance of multiple visceral and somatic systems; the absence of physical, mental, and emotional tension; the opposite of Canon's fight-or-flight response. Relaxation is a learned skill with the potential to offset the negative effects of physical and psychological stress and rebalance the body, mind, and spirit. This technique has been observed to assist the individual to respond to life's challenges in more healthy ways, bringing involuntary responses such as heart rate, blood pressure, respiration, blood flow to muscles, muscle tension, and adrenalin secretion under voluntary control. Relaxation states allow the individual the opportunity to experience an inward focus of attention, an awareness of an altered perception of time and place, control of personal state of awareness, and a relaxed inner calmness or sense of a sacred healing space.

Relaxation Procedures

Jacobson's Progressive Muscles Relaxation (JPMR):

JPMR is performed by first tensing, and then relaxing, the muscles of the body, one group at a time. Muscle groups can be divided a number of different ways, but a common method is to use the following groupings:

- Hands and arms
- head, neck, and shoulders;
- trunk, including chest, stomach and back;
- thighs, buttocks, legs, and feet.

The patient lays or sits in a comfortable position, and then starts with the first muscle group, focusing on the feeling of the muscles and the absence or presence of tension.

Release-only Relaxation: Like progressive relaxation, release-only relaxation focuses on relieving feelings of tension in the muscles. However, it eliminates the initial use of muscle tensing as practiced in progressive relaxation, focusing instead solely on muscle relaxation. Release-only relaxation is usually recommended as the next step in relaxation therapy after progressive relaxation has been mastered.

Deep Breathing Exercises: Deep breathing exercises are best performed while laying flat on the back, usually on the floor with a mat. The knees are bent, and the body is relaxed. One hand should be placed on the chest and one on the abdomen to monitor breathing technique. The individual takes a series of long, deep breaths through the nose, attempting to raise the abdomen instead of the chest. Air is exhaled through the relaxed mouth. Deep breathing can be continued for up to 20 minutes.

Cue-controlled Relaxation: Cue-controlled relaxation is an abbreviated tension-relief technique that combines elements of release-only relaxation and deep breathing exercises. It uses a cue, such as a word or mental image, to trigger immediate feelings of muscle relaxation. The cue must first be associated with relaxation in the individual's mind. This is accomplished by choosing the cue, and then using it in breathing and release-only relaxation exercises repeatedly until the cue starts to automatically trigger feelings of relaxation outside of the treatment sessions. Cues can be as simple as the word "relax", a visual cue, such as a mental image of a white sand sea beach, a flower-filled meadow.

Autogenic Training: Instead of focusing directly on muscle tension as a means to induce relaxation, autogenic training (AT) involves a set of exercises targeted at various physiological end-organs whereby a state of relaxation might be induced. These are based on the work of Schultz and further developed by Luther. "Autogenics", as a term, essentially means "self-exercise" or "self-induction" therapy and relies on a theoretical rationale whereby the client gains psychophysiological self-control of autonomic functioning and is able to achieve relaxation.

Psychological Interventions in Pain Management

Mindfulness Meditation: It refers to a family of techniques which have in common a conscious attempt to focus attention in a non-analytical way and an attempt not to dwell on discursive, ruminating thought. Such exercises vary widely and can involve sitting still and counting breaths, attending to a repeated thought, or focusing on virtually any simple external or internal stimulus. Vipassana or mindfulness meditation or therapeutic approaches based on it have received considerable attention in last two decades. In mindfulness meditation a 'choiceless' and non-judgmental awareness is achieved through practice of various kinds of procedures. The focus is to make both the mind and body relaxed. Clients are asked to pay attention to the incoming and outgoing breath, their thoughts, feelings and sensations. They are asked to be non-judgmental about their thoughts and experience bodily sensations and feelings and all kinds of mental events as they occur naturally without any kind of regulation. Mindfulness meditation has been found to be very useful in patients with chronic pain.

Hypnosis

Hypnosis has been described as a sleep-like state that may be induced through motivation, relaxation, and concentration. The hypnotic induction process involves quieting muscles to enable one to attend mentally to positive statements and affirmations. The term hypnosis generally refers to the combination of suggestion and imagery that are employed to create an altered state of awareness and its practice has been helpful in chronic pain and other medical and surgical practices.

Notwithstanding the relatively benign nature of the relaxation procedures discussed, adverse effects have been reported, and precautions and contraindications have been detailed. Reported effects are generally transient and include: unwelcome and intrusive imagery, anxiety, panic, dizziness, confusion, restlessness, and headache.

Biofeedback

Biofeedback or applied psychophysiological feedback is a patient-guided treatment that teaches an individual self-regulation of bodily processes. This is achieved by detecting, amplifying, and displaying specific physiological process in such a way that the patient can be trained to voluntarily modify these processes. The name biofeedback refers to the biological signals that are fed back, or returned, to the patient in order for the patient to develop techniques of controlling them. During biofeedback, one or more special sensors are placed on the body. These sensors measure muscle tension, brain waves, heart rate, body temperature, and translate the information into a visual and/or audible readout, such as a paper tracing, a light display, or a series of beeps.

While the patient views the instantaneous feedback from the biofeedback monitors, he begins to recognize what thoughts, fears, and mental images influence his physical reactions. By monitoring this relationship between mind and body, he can then use thoughts and mental images deliberately to manipulate heartbeat, brain wave patterns, body temperature, and other bodily functions, and to reduce feelings of stress. This is achieved through relaxation exercises, mental imagery, and other cognitive therapy techniques. The patient is able to recognize the state

Psychological Interventions in Pain Management

of relaxation or visualization necessary to alleviate symptoms; the biofeedback equipment itself is no longer needed.

Biofeedback is commonly used to help in the treatment of pain. It can be used to identify and retrain body habits that produce or maintain pain. Biofeedback has been shown to be effective in the management of migraine headaches, fibromyalgia, temporomandibular disorders, and rheumatoid arthritis, Raynaud's disease, tension headaches, headaches in children and the pain associated with irritable bowel syndrome.

SUMMARY AND CONCLUSIONS

CBT, relaxation training and biofeedback has proven to be effective in reducing pain and disability when it is used as part of a therapeutic strategy for chronic pain. CBT addresses the psychological component of pain, including attitudes and feelings, coping skills, and a sense of control over one's condition. It can provide educational information and diffuse feelings of fear and helplessness. It can help a patient look at ways in which their attitudes contribute to inaccurate and unrealistic expectations, and can help them find a more realistic and balanced view of the problem. Relaxation approaches and biofeedback can help people in chronic pain lower their overall level of arousal, decrease muscle tension, control distress, and decrease pain, depression and disability. Incorporating biopsychosocial model in pain the management of pain not only improves pain symptoms but also leads to speedy recovery and well-being of patients.

REFERENCES

- Banks, S.M., & Kerns, R.D (1996). Explaining high rates of depression in chronic pain: a diathesis-stress framework. *Psychological Bulletin* 119, 95–110.
- Beck, A. T. (1979). *Cognitive therapy of depression*. New York, NY: Guilford Press.
- Bonica J.J. The need of taxonomy (1979). *Pain*. 6 (3), 247–248
- Dember, W. N. (1974). Motivation and the cognitive revolution. *American Psychologist*, 29 (3), 161–168.
- Donello, J.E.; Guan, Y.; Tian, M.; Cheevers, C.V.; Alcantara, M.; Cabrera, S.; Raja, S.N. & Gil, D.W. (2011) A peripheral adrenoceptor-mediated sympathetic mechanism can transform stress-induced analgesia into hyperalgesia. *Anesthesiology*, 114 (6): 1403-1416.
- Eccleston, C., Williams, A. C., & Morley, S. (2009). Psychological therapies for the management of chronic pain (excluding headache) in adults. *Cochrane Database of Systematic Reviews*, 2009(2), Article No. CD007407.
- Engel G.L (1977). The need for a new medical model: a challenge for biomedicine. *Science* 196, 129-136.
- Fordyce, W. E., Fowler, R. S., & DeLateur, B. (1968). An application of behavior modification technique to a problem of chronic pain. *Behaviour Research and Therapy*, 6 (1), 105–107.

Psychological Interventions in Pain Management

- Gamsa, A. (1994). The role of psychological factors in chronic pain: A half century of study. *Pain*, 57 (1), 5-15.
- Hooper, R. (1811) Quincy's Lexicon-Medicum. *A New Medical Dictionary*. London.
- Keefe, F. J., Shelby, R. A., Somers, T. J., Varia, I., Blazing, M., Waters, S. J., Bradley, L. (2011). Effects of coping skills training and sertraline in patients with non-cardiac chest pain: A randomized controlled study. *Pain*, 152 (4), 730–741.
- Kerns, R. D., Rosenberg, R., & Jacob, M. C. (1994). Anger expression and chronic pain. *Journal of Behavioral Medicine*, 17, 57–67.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer.
- Luciano, J.V.; Martínez, N.; Peñarrubia-María, M.T.; Fernández-Vergel, R.; García-Campayo, J.; Verduras, C.; Blanco, M.E.; Jiménez, M.; Ruiz, J.M.; López del Hoyo, Y.; Serrano-Blanco, A. & Fibro QoL Study Group. (2011) Effectiveness of a psychoeducational treatment program implemented in general practice for fibromyalgia patients: a randomized controlled trial. *Clinical Journal of Pain*, 27(5), 383-391.
- Meichenbaum, D. (1976). Cognitive factors in biofeedback therapy. *Biofeedback Self-Regulation*, 1 (2), 201–216.
- Montgomery, G.H. & Kirsch, I. (1997) Classical conditioning and the placebo effect. *Pain*, 72 (1-2): 107-113.
- Schmidt, S., Grossman, P., Schwarzer, B., Jena, S., Naumann, J., & Walach, H. (2011). Treating fibromyalgia with mindfulness-based stress reduction: Results from a 3-armed randomized controlled trial. *Pain*, 152 (2), 361–369.
- Turk, D. C., Meichenbaum, D., & Genest, M. (1983). *Pain and behavioral medicine: A cognitive-behavioral perspective*. New York, NY: Guilford Press.
- Turk, D.C. (1995).** Viewpoint: Treatment of chronic pain: Clinical outcomes, cost-effectiveness & cost benefits. www.medscape.com/viewarticle/410012
- Weintraub, M.I. (2003) Complementary and alternative methods of treatment of neck pain. *Physical Medicine & Rehabilitation Clinic of North America*, 14 (3), 659-674.



The International Journal of
INDIAN PSYCHOLOGY

Submission open for Volume 2, Issue 3 and 4: 2015

The International Journal of Indian Psychology is proud to accept proposals for our 2013 and 2014 Issues. We hope you will be able to join us. For more information, visit our official site: www.ijip.in

Submit your Paper to,

At via site: <http://ijip.in/index.php/submit-paper.html>

Topics:

All areas related to Psychological research fields are covered under IJIP.

Benefits to Authors:

- Easy & Rapid Paper publication Process
- IJIP provides "Hard copy of full Paper" to Author, in case author's requirement.
- IJIP provides individual Soft Copy of "Certificate of Publication" to each Authors of paper.
- Full Color soft Copy of paper with Journal Cover Pages for Printing
- Paper will publish online as well as in Hard copy of journal.
- Open Access Journal Database for High visibility and promotion of your research work.
- Inclusions in all Major Bibliographic open Journal Databases like Google Scholar.
- A global list of prestigious academic journal reviewers including from WHO, University of Leipzig, University Berlin, University Hamburg, Sardar Patel University & other leading colleges & universities, networked through RED'SHINE Publication. Inc.
- Access to Featured rich IJIP Author Account (Lifetime)

Formal Conditions of Acceptance:

- Papers will only be published in English.
- All papers are refereed, and the Editor reserves the right to refuse any manuscript, whether on invitation or otherwise, and to make suggestions and/or modifications before publication.

Publication Fees:

₹500/- OR \$ 15 USD for Online and Print Publication (All authors' certificates are involved)

₹299/- per Hardcopy (Size A4 with standard Biding)

Use Our new helpline number: 0 76988 26988

**Edited, Printed and Published by RED'SHINE Publication. (India) Inc.
on behalf of the RED'MAGIC Networks. Inc.**

86: Shradhdha, 88 Navamuvada, Lunawada, Gujarat-389230

www.redshinepub.eu.pn | info.redshine@asia.com | Co.no: +91 99 98 447091